



City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1943

BY

J. L. BURN,

MEDICAL OFFICER OF HEALTH



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Members of the Health Committee,

1943-44.

Councillor C. R. V. HAYNES, J.P., *Chairman*.

Councillor W. W. CRABTREE, *Deputy-Chairman*.

Alderman L. WEBB (*Mayor*).

„ C. J. TOWNSEND, J.P.
(*Deputy-Mayor*).

„ CUTTIFORD, J.P.

„ HIGGINBOTTOM.

„ LEMMON.

„ SANDS, J.P.

„ WEBB, J. A., J.P., M.B.E.

Councillor BELL.

„ BINNS.

„ CUDDEFORD, J.P.

„ FEARNEHOUGH.

„ JOHNSON, G.

„ KITCHIN.

„ OPENSHAW, J.P.

„ SHLOSBERG.

„ WILLIAMS.

The following members were co-opted upon the undermentioned Sub-Committees, viz. :—

Maternity and Child Welfare Sub-Committee—Mrs. FRANKENBURG, J.P., M.A., S.C.M., representing Salford Women Citizens' Association ; Mrs. HARGREAVES, B.A., representing the Salford Mothers' Guild and Ladies' Public Health Society ; and Mrs. MARKEY, representing the Joint Women's Guilds of the Pendleton Co-operative Industrial Society Ltd.



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INTRODUCTION.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I present herewith the Annual Report for 1943. Of the many interesting and important matters dealt with I will select a few on which to comment.

MATERNITY AND CHILD WELFARE.

The birth rate was higher in 1943 than it had been for twenty years. The infant mortality rate (69 deaths per 1,000 live births) is still far too high. Together with the associated social and health problems, the problem of infant health will need sustained attention in the future. The still birth rate (31) shows a welcome reduction on previous years but the incidence of still births is capable of a much greater reduction.

There is a new low record in the number of deaths of mothers after confinement.

HOUSING.

The many problems associated with housing in Salford are obviously serious and urgent. Here are some figures showing a few of the difficulties in this City. Out of 50,494 houses, 856 families share a common lavatory ; 25,519 houses have no hot water system ; 26,069 houses have no bathroom ; 23,195 houses have no proper ventilated food storage accommodation.

As will be seen from the report of sanitary inspection, a survey was made of 1,317 houses which were reported empty in Salford, but of these only 176 were suitable for requisitioning and many of these needed extensive repair.

SUPERVISION OF MILK SUPPLY.

Great attention has continued to be paid to this problem. An endeavour was made to contact the staffs concerned in milk distribution. Demonstrations were given showing how important to public health was cleanliness at every stage in milk production and distribution, at which the personnel of pasteurising plant as well as milk roundsmen attended.

COMMUNICABLE DISEASES—TUBERCULOSIS.

I would draw your attention to the report of the Tuberculosis Almoner on page 15.

PARATYPHOID FEVER.

An outbreak of paratyphoid fever occurred in which the owners of a small mixed business became involved.

It was noticed that in the three cases concerned certain articles of food were purchased at the same shop. Enquiries at the shop revealed no history of paratyphoid infection, but subsequent tests on the blood and fæces of the shopkeeper and his wife revealed that they were carriers of the disease.

In two of the cases meat pies baked on the premises appeared to be the vehicle of infection, but in the third case there was no such evidence. Effective precautions were taken to prevent the shopkeeper and his wife from taking any further part in the preparation or handling of food for human consumption. I quote this case to show the work which is carried on in this Department in protecting the public from communicable diseases.

HOPE HOSPITAL.

You will be interested to read of the all-round increase of work done at your Municipal General Hospital. Many new records of numbers of patients treated are given on page 61. The increase in the attendance at the out-patients' department is noteworthy. Several new ventures were established during the year. To quote some examples—the breast feeding clinic, the re-establishment of the hospital school and the inauguration of a hospital library for the service of patients.

I should like to take this opportunity of thanking you for the sympathetic consideration which you have given to the suggestions placed before you. I should also like to record appreciation of the loyal and devoted service of the staff.

I have the honour to be,

Your obedient Servant,

J. L. BURN,

Medical Officer of Health.

SECTION I.

Mortality Statistics.

STATISTICAL SUMMARY, 1943.

Area.—The City of Salford has a total area of 5,202 acres.

Population.—(Registrar-General's Estimate at Mid-year, 1943)..... 153,000
 „ (Census, 1931)..... 223,438

Density.—The Mean Density of the City is equal to 29·4 persons per acre.

Live Births	{	Legitimate	1,496 Males,	1,367 Females	.....	2,863
		Illegitimate	132 „	90 „	.....	222
					Total	<u>3,085</u>

Annual Rate of Births per 1,000 of the Population..... 20·2

Still Births	{	Males	50	Total	101
		Females	51			

Annual Rate of Still Births per 1,000 Total Births..... 31·7

Deaths	{	Males	1,277	2,402
		Females	1,125		

Annual Rate of Mortality per 1,000 of the Population..... 15·7

Percentage of total deaths occurring in Public Institutions.....48·3 per cent.

Deaths from Puerperal Causes :—

	Deaths.	Rate per 1,000 Total Births.
Puerperal Sepsis	2	·63
Other Puerperal Causes	4	1·25
	<u> </u>	<u> </u>
Total	6	<u>1·88</u>

Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 71. Illegitimate, 50. Total.....	69
Deaths from Measles (all ages)	2
„ „ Whooping Cough (all ages)	8
„ „ Diarrhoea (under 2 years of age)	43

SANITARY INSPECTOR'S DEPARTMENT.

The following are the outstanding features of the year's work :—

Requisitioning for Families Inadequately Housed.

During the year requisitioning powers, which hitherto had been limited to the requisitioning of houses for persons evacuated under the Government Scheme, persons rendered homeless by enemy action, etc., were extended to include any other families inadequately housed.

It was, therefore, decided to have a survey of all empty houses in the City. Out of 1,319 houses inspected, however, only 176 were considered to be suitable for requisitioning, and most of these were in need of considerable repair and adaptation.

Reconditioning of Property.

To prolong the reasonably fit life of dilapidated properties, many houses have been dealt with by service of Notices under section 9 of the Housing Act.

Owing to shortage of labour and to the rigid control over release of materials for maintenance of dwellinghouse properties in this part of the country there has been an unavoidable modification of the standard of fitness insisted upon heretofore.

Individual Unfit Houses.

There are houses which have reached that stage of decay which would have resulted in normal times in the Corporation making a Demolition Order under the provisions of Section II of the Housing Act.

As the Ministry Circular of September, 1939, which froze any such contemplated action, is still operative, two such houses have been dealt with by the acceptance of undertakings from the owners that the houses would not further be used for human habitation. On moving the displaced families to other accommodation the unfit houses were closed and will remain so unless extreme war emergency necessitates their further use as temporary domestic shelter.

Post-War Housing.

The treatment by clearance or redevelopment of ten large areas of the City affecting some 10,000 houses is largely dependent upon the ultimate decisions of the Regional Planning Committee which at this present time is planning the siting of new estates to cater for re-housing the overspill of displaced population.

It is intended that building operations postponed on the outbreak of war shall be completed immediately the embargo is lifted. The properties referred to comprise 200 houses and 208 flats on sites already prepared and these dwellings will be used to advantage in relieving known cases of serious overcrowding.

Vermin.

It is known that a considerable percentage of the premises in this City are bug infested and there is no doubt that infestation has spread as a result of exceptional movement of population and chattels caused by war conditions.

As a means of waging war against the bug pest, in addition to other measures already in use, equipment consisting of an electrically-driven air compressor with hose and spray-gun has been acquired for the application of liquid insecticide (Lethane emulsified in paraffin—10% solution).

A service, to be charged for on a time and materials basis, will thus be available throughout 1944.

Atmospheric Pollution.

The smoke nuisance provisions of the Public Health Act were re-imposed in September this year and restrictions again placed on the emission of dense smoke by industrial undertakings.

It has not yet been possible, because of staff shortage, to resume regular routine observation of works chimneys in the City. Several of the more serious cases are being dealt with however. Difficulties arising from poor and varied qualities of steam raising fuel, restricted supplies of materials for improving and maintaining boiler plant and scarcity of skilled labour for operational purposes are not easy to circumvent these days, but in spite of this, one large steam raising plant in continuous use night and day is to be overhauled at the first opportunity, another firm has placed orders for the installation of new apparatus in an endeavour to abate an existing nuisance, whilst schemes to increase the height of two smelting furnace chimneys have been prepared and the work will be carried out as soon as the Steel Section of the Ministry of Supply release the necessary steel tubing.

Representations have also been made respecting a nuisance from grit emitted by the chimney of an industrial undertaking just outside the City area and the installation of an expensive grit arrestor plant is now under consideration.

An increasing quantity of coke is being used on industrial steam raising plant. The efficiency and smokelessness of this fuel is well known but unfortunately the quantities and types available locally are insufficient to satisfy the requirements of the many and varied apparatus in use. Much of it has to be transported into the area, principally from South Yorkshire.

The new "coke burning" domestic grate appears to appeal to the more imaginative section of the public, insofar as it removes some of the objections to the use of coke for domestic heating and cooking. There is every prospect that this type of grate will become more popular in the post-war period and provided a sufficient supply of good quality coke is assured there is no reason why they should not be installed in many of the new houses of the future, thus securing a greater freedom from atmospheric pollution by domestic smoke.

A complaint of a nuisance from the emission of noxious fumes into the atmosphere of streets surrounding a brass foundry has been successfully dealt with during the year.

The predominant gas was sulphur dioxide and the installation of a new air extraction and ventilating system to control the fumes from their point of origin and conduct them to a height where they would be suitably dispersed on entry to the atmosphere, brought about the desired result.

Milk.

The City's milk supply has been far from satisfactory. In the summer months there were numerous complaints regarding sour milk and this was found to be milk supplied from collecting centres outside the City. Milk supplied direct from the farms to the dairies was not at fault in this respect. The bacterial standard of most ordinary raw milk, however, has never been satisfactory, and it is fortunate that approximately 80% to 90% of the City's milk is heat treated before delivery to the consumers. Nothing short of the compulsory pasteurisation of all milk supplies will give a fair measure of safety to the public.

Contamination after pasteurisation must not be overlooked. There has been a serious deterioration in the cleanliness of milk bottles and other utensils, and the practice of filling bottles in the streets has been much in evidence. The cause appears to be the use of untrained and unsuitable labour. Every effort is being made to raise the standard of cleanliness, but the difficulties of dealing with unsatisfactory labour must be openly admitted. The public can help considerably in this matter by thoroughly washing milk bottles before returning them to the retailers, and by reporting all cases of negligence as regards cleanliness of milk bottles, etc., to the Department.

The Staff during 1943 consisted of seventeen Sanitary Inspectors, three of whom were serving with H.M. Forces.

The following is a brief statement of inspections made, milk samples taken, and Notices issued and abated during the year :—

<i>Nature of Inspections.</i>	<i>Totals.</i>
Sanitary defects (roofs, gutters, drains, etc.)	21,906
Requisitioning of houses	1,418
Housing Act inspections	767
Factories	39
Shops	156
Sub-let houses	1,393
Seamen's lodging houses	92
Common lodging houses	148
Van dwellings	76
Stables	45
Schools	35
Cinemas	9
Dairies	328
Food preparing premises	121
Butchers' shops	244
Fish and chip shops	110
Bakehouses	171
Unsound food	392
Enteric fever, paratyphoid and dysentery	325
Slaughterhouses and knackers' yards	94
Piggeries	92
Other miscellaneous visits	4,893
Milk samples taken	879
Formal Notices issued	2,856
Formal Notices abated	2,173
Informal Notices issued	2,027
Informal Notices abated	1,347

In addition to the above much time was devoted by Sanitary Inspectors to the maintenance of Public Air Raid Shelters on behalf of the Civil Defence Emergency Committee.

INFECTIOUS DISEASES.

The number of cases of Infectious Diseases notified during 1943 was 3,098 as compared with 3,666 during 1942. Although, in the majority of cases, there were few differences of note in the number of cases of individual diseases which were notified, in two instances there were considerable variations, viz. :—

	1943.	1942.
Measles.....	858	1,795
Whooping Cough.....	268	59

The following table shows the number of cases of each disease notified during the year :—

<i>Diseases.</i>	<i>No. of cases.</i>
Diphtheria.....	487
Scarlet Fever	421
Measles.....	858
Erysipelas	56
Pneumonia—Primary	360
„ —Influenzal.....	36
Puerperal Pyrexia.....	70
Enteric Fever.....	1
Cerebro-spinal Fever.....	18
Malaria.....	6
Acute Polio-myelitis	3
Dysentery	99
Ophthalmia Neonatorum	15
Pemphigus Neonatorum.....	4
Pulmonary Tuberculosis.....	317
Non-pulmonary Tuberculosis	79
Whooping Cough.....	268
	—————
	3,098
	—————

IMMUNISATION—YEAR 1943.

Persons completing the course during the year :—

	<i>Number of Persons.</i>
DIPHTHERIA.	
Maternity and Child Welfare Clinics and Centres.....	1,456
Various Schools and School Medical Clinics.....	2,405
	<hr/>
Total	3,861
	<hr/>

WHOOPING COUGH.

Maternity and Child Welfare Clinics and Centres..... 1,150

Attendances at Clinics and Schools during 1943 :—

	<i>Number of Attendances.</i>
Maternity and Child Welfare Clinics and Centres.....	3,081
Various Schools and School Medical Clinics.....	5,064
	<hr/>
Total	8,145
	<hr/>

The percentages of children in Salford under 15 years of age who were immunised during the year 1943 are as follows :—

Diphtheria.....	11·7
Whooping Cough.....	3·5

The estimated percentage of all Salford children under 15 years of age now immunised against Diphtheria is 54·5.

TUBERCULOSIS DISPENSARY.

Statistics, 1943.

Year ending.	New cases.	X-rays taken.	A.P. refills.	Contacts.	Contacts dia. as T.B.
Dec. 31, 1937....	803	2,363	621	351	10
Dec. 31, 1938....	796	2,991	640	390	10
Dec. 31, 1939....	693	2,871	974	261	7
Dec. 31, 1940....	619	2,303	734	176	4
Dec. 31, 1941....	617	1,905	448	153	6
Dec. 31, 1942....	818	2,422	506	216	4
Dec. 31, 1943....	1,206	2,980	640	520	5

The above figures show a considerable increase in 1943 in the number of new cases examined, although since 1939 the department has been without an Assistant Tuberculosis Officer.

Three hundred and seventeen (317) new cases of pulmonary tuberculosis were notified in 1943. Approximately one-fourth of all the new cases attending Clinic were diagnosed as tubercle.

The number of X-ray films in 1943 showed an increase on 1942, due chiefly to the increase in the number of new cases examined. As in the past the quality of X-ray films has been maintained at a very high standard.

In 1943 the department made a special effort to induce more contacts, especially children, to attend for examination, and were rewarded by a definite increase in these figures over the preceding years. A single contact examination is not considered sufficient; three-monthly examination is carried out on all contacts who can be induced to attend.

A not inconsiderable proportion of new cases referred by General Practitioners prove to be suffering from some illness other than tuberculosis. As in the past as much help as possible is given to doctors in differential diagnosis. By this means it is hoped that doctors will be induced to refer cases freely at an early date which would assist in earlier case finding in tuberculosis.

As in the past Nab Top Sanatorium has been utilised for early and intermediate cases, 274 patients being treated in the institution during 1943, while the average daily number of patients maintained there was 83. In spite of staff difficulties, the Sanatorium has continued to function normally.

The accommodation at Ladywell Hospital has been utilised almost entirely for advanced cases. A few early cases who could not be persuaded to go into Nab Top were admitted to Ladywell for a week or two for induction of Artificial Pneumothorax. As out-patients they have the treatment continued at Regent Road. The staff at Ladywell Hospital is also severely restricted due to war-time conditions. This has necessitated the utilisation of some 48 beds only, as compared with the normal 72. At times this has meant rather a long "waiting list." The number of patients treated in Ladywell during 1943 was 168, the average number of patients daily being 39.

Mr. Graham-Bryce has continued to act as Consulting Thoracic Surgeon. Monthly visits are made by him to Nab Top Sanatorium and Ladywell Hospital. At the Nab Top visits selected cases are reviewed. The majority of the Ladywell cases are too advanced for surgical aid, but on these monthly visits, Mr. Bryce has given helpful opinion on selected difficult films at Regent Road.

During 1943 an agreement was made between the Cities of Manchester and Salford to the effect that the Manchester Mass Radiography apparatus and team be lent to Salford for Mass Radiography surveys there. At the end of 1943 Manchester's Mass Radiography service had not started operating.

During the year the department was fortunate in securing as Almoner, Miss B. Chadwick, who has been good enough to supply notes on the new activity.

The scheme set out in the Ministry of Health Memo. 266/T, for the payment of allowances to certain classes of persons suffering from tuberculosis, has been in operation in Salford since the 6th September, 1943, and has fulfilled a long felt want.

In the past it has been difficult to induce an early case of tuberculosis to enter a Sanatorium for a lengthy course of treatment, and this difficulty has been much increased in cases where the patient has been earning a good income which would cease when treatment commenced. It was in order to meet such financial conditions that the Government decided to make funds available to Local Authorities for the purpose of making allowances to persons who had given up remunerative work to undergo treatment.

Patients are referred by the Tuberculosis Officer to the Almoner on medical grounds and she discusses with them any financial or other domestic circumstances which might deter them from accepting treatment. When a patient is found to be eligible for a Government allowance assessment is usually made at the first interview and in any case with the minimum delay in order that the patient may know at once what his financial position will be. Allowances are adjusted where necessary after verification. It is worthy of note that on no occasion has an adjustment been necessary in consequence of a false statement of income given by the patient.

During the period 6th September to 31st December, 1943, the total number of cases referred by the Tuberculosis Officer to the Almoner was 184, of whom 170 cases were eligible for allowances. Discretionary allowances were made in 9 of these cases and special allowances in 26. The amount paid per person varied from 1s. 6d. to £3 13s. 6d. per week and the average was £1 5s. 4d.

Of all patients assisted under the scheme :

24.5%	were married men with children under 16.
24.5%	„ „ „ without children under 16.
7.0%	„ single „ with dependants.
15.4%	„ „ „ without dependants.
2.8%	„ married women with dependants.
3.5%	„ „ „ without dependants.
4.9%	„ single „ with dependants.
17.4%	„ „ „ without dependants.

The number of patients in receipt of allowances at the end of the year was 131.

In addition to administering the Government scheme the Almoner endeavours to dispose of any source of worry which is liable to affect a patient's peace of mind whilst undergoing treatment. This sometimes takes the form of enlisting the aid of organisations and services, both voluntary and official, from which help and advice may be obtained. On other occasions it may be that the Almoner is able to do some little service such as helping patients to fill in pension or other forms, telephoning to a patient's employer, etc.

In this very important aspect of the work the Almoner has been assisted since 1st December, 1943, by the Council's decision to set aside a sum of money to be used as a "Care and After Care Fund." The fund is used to provide forms of assistance not covered by the Government scheme such as :—

1. Making arrangements for occupational training.
2. Linking up patients with Papworth Tuberculosis Colony or other similar agencies.
3. The provision of suitable clothing for patients about to enter a Sanatorium.
4. Payment of outstanding accounts such as gas and electricity bills, arrears of rent etc.
5. Making arrangements for holidays for Contacts.
6. Travelling expenses of visitors to patients.
7. Assistance for chronic and non-pulmonary cases—these are not covered by the Official scheme.
8. Finding suitable employment for patients.
9. Propaganda.

LADYWELL HOSPITAL.

At the beginning of the year, 134 fever patients were in residence :—

Wards	C 1-1	}	Scarlet Fever	}	134
	C 5-2				
	C 2-1	}	Diphtheria		
	C 3-1				
	A-1	}	Miscellaneous Diseases		
	A-2				
	C 4-1	}	Tuberculosis (34)		
	C 4-2				

The above, with 1,766 admitted during the year, made a total of 1,934 under treatment. Of this total, 1,660 were discharged, 112 died and 162 were in Hospital at the end of the year. The number of cases treated, 1,934, compares with 1,660 in 1942 and with 1,589·6, the average number of cases treated for the five years 1938-42.

The cases treated were as follows :—

Scarlet Fever	484
Mixed Infections	29
Measles.....	94
Enteric Fever.....	...
Diphtheria.....	718
Erysipelas	33
Puerperal Fever.....	20
Tuberculosis	175
Other Diseases	381
	<hr/>
	1,934
	<hr/>

The number of cases admitted from Out-Districts was 510, as compared with 459 in 1942. The daily average number of patients in 1943 was 166·8, the highest being 206 on 13th April, and the lowest 127 on 22nd August. The daily average number of Out-District patients was 43·3, compared with 36·3 in 1942 and with 44·4 for the five years 1938-42. The 1,766 patients admitted compare with 1,569 in 1942 and with 1,435·6, the average for the five years 1938-42.

VENEREAL DISEASES SCHEME.

New Cases.

The number of new cases dealt with during the year under review was 2,201. This figure shows an increase of 250 on the figures for the preceding year. Of this total number, 1,001 were found to be suffering from venereal disease and 1,200 from conditions other than venereal. There was a decrease of 123 V.D. cases, as compared with 1942 but an increase of 120, as compared with 1940.

There has been a noteworthy increase in the number of non-V.D. cases attending, 1,200, as compared with 827 for the preceding year, an increase of 373 cases. This I attribute in the main to the increased publicity by the Ministry of Health.

In Table I new cases are tabulated since the opening of the clinic.

TABLE I.
(New Cases).

Year.	V.D. Cases.	Non-V.D. Cases.	Total Cases.
1928	880	340	1,220
1929	1,261	704	1,965
1930	1,233	1,067	2,300
1931	1,125	1,071	2,196
1932	1,055	1,063	2,118
1933	1,079	999	2,078
1934	1,062	909	1,971
1935	976	904	1,880
1936	1,020	941	1,961
1937	937	931	1,868
1938	1,015	946	1,961
1939	908	861	1,769
1940	881	821	1,702
1941	981	783	1,764
1942	1,124	827	1,951
1943	1,001	1,200	2,201
Total	16,538	14,367	30,905

This Table embraces Items 3 and 4 of Forms V.D. (R) for years shown.

In Table II V.D. cases are analysed under the headings of the separate diseases and the percentage rates shown. It will be seen from this table that there has been a very slight reduction in the number of Syphilis and Gonorrhœa cases, but a big increase—from 42·5% to 54·5% of the total—in N.V. cases.

TABLE II.
(Venereal Patients Only).

Year.	DISEASE.				PERCENTAGE.			
	Sy.	G.	Ch.	N.V.	Sy.	G.	Ch.	N.V.
1928	266	599	15	340	21.8	49.0	1.00	28.2
1929	439	743	20	701	23.0	39.0	1.00	37.0
1930	437	776	20	1,067	19.0	33.7	0.80	46.5
1931	424	699	2	1,071	19.3	31.8	0.09	48.8
1932	413	639	3	1,063	19.4	30.1	0.10	50.4
1933	338	722	19	999	16.2	34.8	0.90	48.1
1934	262	721	79	909	13.2	36.5	4.00	46.3
1935	259	678	39	904	13.8	36.0	2.10	48.1
1936	283	673	64	941	14.4	34.4	3.30	47.9
1937	238	660	39	931	12.7	35.3	2.10	49.9
1938	209	733	73	946	10.7	37.4	3.70	48.2
1939	206	623	79	861	11.6	35.2	4.50	48.7
1940	209	560	112	821	12.3	32.9	6.61	48.2
1941	302	579	100	783	17.1	32.8	5.70	44.4
1942	395	631	98	827	20.2	32.3	5.00	42.5
1943	370	547	84	1,200	16.8	24.9	3.80	54.5
Total	5,050	10,583	846	14,364	16.4	34.3	2.70	46.6

This Table embraces Items 3 and 4 of Forms V.D. (R) for the years shown.

Sex Incidence.

There were 716 male and 285 female patients suffering from V.D. during the year. Both figures show a small reduction on 1942 figures which—especially in the female department—had shown a remarkable increase.

Fresh Infections.

A “ fresh infection ” is defined as one in which the disease is under twelve months duration and an “ old infection ” is one of over twelve months standing.

Of 579 new male V.D. cases 554 were fresh infections. Of 256 new female V.D. cases 250 were infections of under twelve months duration.

Attendances.

The total attendances since 1928 are now about a million and a quarter.

Total attendances for 1943 were 45,582, there being 18,378 intermediate attendances and 27,204 Medical Officers attendances. The Medical Officers attendances show an increase on 1942.

It will be seen that the figures for intermediate attendances show a definite decrease as compared with 1942, although the new cases dealt with increased by 250.

This is due entirely to new methods of treatment and mainly to the increasingly successful use of Sulphonamide derivatives alone in the treatment of Gonorrhœa. The object of treatment being to deal with as many new cases as possible and to cut down the period of attendance before non-infectivity and cure, this may be considered a very satisfactory state of affairs.

Defaulters.

The total defaulter rate for the year was 7·27% which is the lowest on record for this clinic and must be one of the finest in the country.

Of dangerous defaulters the male percentage was 3·36 and the female 5·75%. Of non-dangerous defaulters, *i.e.*, non-infectious, the male percentage was 2·5 and the female 4·4%, both the latter figures being the lowest on record for the clinic.

Syphilis.

There were 275 new cases of Syphilis who attended for the first time and who had not been diagnosed at other treatment centres.

Of this number 178 cases were of early infectious Syphilis, being in either the primary or secondary stages of the disease, or Syphilis latent in the first year of infection.

As in recent years, the sero-positive primary stage heads the list in the male sex and the late secondary stage heads that of the female sex.

The rate of incidence of fresh infections of Syphilis remains high. Apart from 1942, for males it is the highest figure since 1936, and for females, again 1942 excepted, it is the highest since 1929.

Congenital Syphilis.

During the last 13 years there were 287 patients suffering from Congenital Syphilis. During 1943 there were 23 cases of Congenital Syphilis—apart from 1942 the highest figure since 1935.

Treatment of Syphilis.

The drugs in routine use for the treatment of the acute stages of Syphilis are :—

- (i) Arsphenamine Diglucoside (Stabilarsan) Boots.
- (ii) Meta-amino-para-hydroxy-phenyl-arsene Oxide (Mapharside)
Parke Davis.
- (iii) Bismuth Oxychloride in Glucose (Chlorostab) Boots.
- (iv) Suspension Insoluble Bismuth in oil (Bisantol) May & Baker.

As routine treatment these drugs are given in alternating courses without rest periods—8 weeks each period.

Courses have, however, been given, mainly for merchant seamen, where both drugs are given concurrently followed by rest periods between the courses. Both methods have their advantages.

A small number of fresh cases of Syphilis have been treated with Mapharside with so far very encouraging results. Spirochaetes disappear from the lesions after 1-2 injections—healing of the lesion is rapid and reversal of the blood Wassermann frequently takes place before the end of the first course of treatment. It is too early as yet to judge the incidence of complications but it is my impression that these are reduced.

Chronic Syphilis.

Routine agents at present in use are Stabilarisan, Mapharside, Tryparsamide, Stovarsol, Bismuth Oxychloride and Collosol Iodine (C.I.N.S.—Crookes).

Tryparsamide and Stovarsol are pentavalent arsenicals and are usually given to cases which may be Wassermann-fast due to Neuro-Syphilis. They are given respectively intravenously and orally. Adexolin (Vitamin A and D) and Ascorbic Acid are used usually during rest periods to lessen the incidence of complications.

Gonorrhoea.

In the year 1943 there were 500 fresh cases of Gonorrhoea, 352 male and 148 female.

This is a decrease on the figures for 1942, but in the case of the female figure is the third highest since the clinic opened.

Treatment.

Treatment is by routine administration of Sulphathiazole grammes four daily for five days combined with increased fluid intake and an alkaline mixture containing Sodium Citrate. With this method complications are few, the acute infective stage is greatly shortened and a satisfactory high cure rate is achieved.

A series of cases, about 50 in number, were tried out during the year on chemotherapy alone but the rate of cure dropped to 90% or less. It is my experience that chemotherapy alone is satisfactory in conditions where discipline is rigid (*i.e.*, the Services) and where hospitalisation is available, but that in the class of patient attending this clinic local irrigation therapy forms still a valuable adjuvant.

With combined therapy the cure rate is 95.96%.

Chancroid (Soft Sore).

There were 84 cases suffering from soft sore during the year—a decrease of 14 on 1942. All sores are repeatedly examined by Dark Ground Illumination and repeated Wassermann and Kahn Tests are done to exclude Syphilis. Sulphathiazole is a valuable remedy.

In-Patient Accommodation.

The two small wards at Hope Hospital continue in full use. They are visited weekly by the V.D. Officer and the Assistant Medical Officer.

A skin clinic is now available at Hope Hospital once weekly and a large number of skin and V.D. cases are referred to the V.D. Officer there. The V.D. Officer now also visits the children's wards weekly to see cases of dermatological interest.

In addition to the above an "Ailments for Women" clinic is now available once weekly under the direction of Dr. F. M. Blades and it is hoped that this will be a useful service in conjunction with the other facilities.

Post Graduate Courses.

There were 9 Medical Practitioners who attended the Municipal Clinic for a Course of instruction in the modern methods of diagnosis and treatment of Venereal Diseases during the year 1943. Six qualified for the Ministry of Health Certificate.

PATHOLOGICAL DEPARTMENT.

The appended table shows the nature and extent of the work carried out at the City Bacteriology Laboratory and at Hope Hospital Laboratory during 1943.

The total number of specimens examined, including 215 examinations made for the outside Boroughs of Prestwich, Whitefield and Hazel Grove, was 56,093, an increase of approximately 6,000 on the previous year. This increase would probably have been considerably greater were it not for the fact that the staff at present employed are working to full capacity.

There were no outbreaks of food poisoning during the year, but Flexner and Sonne dysentery have been endemic throughout and, as is almost inevitable under such circumstances, several minor outbreaks of Flexner and Sonne infections have occurred at Hope Hospital and in the Nurseries. The following dysentery organisms were isolated from faeces sent for examination to the City Laboratory, Rengent Road :—

B. Dysentery—Sonne	94 cases.
B. Dysentery—Flexner Z.....	25 „
B. Dysentery—Flexner Newcastle	8 „

The Salford branch of the Manchester and Salford Emergency Blood Transfusion Service, which has now been taken over by the Ministry of Health, is still being maintained by the laboratory staff at Hope Hospital. A " Bleeding Session " is held five evenings and one afternoon per week. Volunteer members of the medical staff, including five members from the Public Health Department, three School Medical Officers from Manchester Public Health Service, and one member of Hope Hospital medical staff, have also given their services overtime to assist in the bleeding of the donors for the past three years. Donors are tested for any evidence of anæmia before being bled each time they attend.

Blood was taken from 2,110 donors during the year. Plasma was drawn off from 1,700 of the bottles of blood thus collected, and sent to the Regional Central Depot, where it is dried and used for distribution to the Forces. The remainder of the blood was used for transfusion to urgent cases at Hope, Salford Royal, Pendlebury and Eccles and Patricroft Hospitals.

A project is now being mooted to affiliate the laboratory services here with the Manchester University Laboratories under a regional scheme directed by Professor Maitland, Professor of Bacteriology at the University. This scheme should result in a co-ordination of the laboratory services in Manchester, Salford and surrounding areas, to the advantage of all concerned.

It is to be hoped that regular monthly meetings of the Area Pathologists will be held, probably at the University, where they can discuss their various problems and recent advances in Pathology.

Some of the University Pathology staff may also be available for help in dealing with epidemics that need special investigation and are a severe tax on the time of a busy routine Pathology Department.

As 1944 is the Salford Centenary year, a short survey of the growth of the work since the City Bacteriology Laboratory was opened in 1925 may not seem out of place :—

<i>Year.</i>	<i>Number of Specimens examined.</i>
1925	2,907
1927	11,362
1933	34,888
1943	56,093

These figures show the rapid growth of the work, an increase of over 500% on the past fifteen years, due to the ever-growing demands which are being made on the laboratory worker in the prevention, diagnosis and cure of disease, from both the Hospital and the Public Health standpoints.

This growing demand for laboratory investigations can only be coped with by a corresponding increase of staff, laboratory equipment and premises. In 1927, a staff of four was employed, consisting of City Pathologist, laboratory steward or senior technician, and two junior technicians. A staff of thirteen is now employed, including an Assistant City Pathologist, a Biochemist and two trained technicians. This increase of staff has been inadequate to deal with the rapidly growing volume of work, with the result that investigations required are often delayed, and, in some cases, owing to pressure of work, omitted altogether.

With regard to premises, all the work for Hope Hospital was originally done at Regent Road Laboratory, but was transferred to a small laboratory at Hope Hospital in 1928. This soon proved too small and, in 1933, the work was moved to the present laboratory, about ten times as big. The accommodation there was ample for a number of years but, with the continued rapid increase of clinical pathology, it is now definitely cramped, and more spacious premises will soon have to be found.

In 1941, a resolution to transfer the laboratory at Regent Road to Hope Hospital and thus have one main laboratory instead of two, was passed by the Health Committee. This was deferred for two reasons :—

- (1) Inadequate accommodation and lack of room for expansion in present laboratory at Hope Hospital ;
- (2) Inadvisability of centralising the laboratory services while there was still a risk of destruction by bombing.

Now that the risk of bombing is practically over and the war seems likely to end shortly, steps should be taken to find suitable accommodation at Hope Hospital for a main Central Laboratory. This would result in considerable economy of personnel and equipment, and also increase the efficiency of the laboratory services, as one large laboratory can be run more satisfactorily than two separate smaller departments.

Quite apart from the Public Health and Hospital laboratory services described above, it should also be borne in that eventually a free comprehensive Pathological Service for everyone will probably be provided. This means that all patients included in the Scheme (*i.e.*, practically all members of the community) who attend for examination and treatment at a Health Centre, General Practitioner's Surgery, or who require attention in their own homes, will be fully investigated from the laboratory standpoint if necessary, in the same way as all patients admitted to modern hospitals with efficient laboratory services are now. This new scheme will eventually more than double the amount of work which the laboratory staff is now called upon to undertake.

It may also eventually be necessary to establish small branch laboratories in charge of a technician at each of larger Health Centres in the City. This depends a good deal on the type of Health Centre which will be found by experience to be most suitable.

When a new site is being sought for the laboratory, if room is to be allowed for expansion of the work within the next ten years, premises with at least two to three times the total floor space of the present laboratories at Hope Hospital and Regent Road should be provided, with room for further expansion when necessary. An adequate and fully-trained staff of technicians will have to be provided and added to as the comprehensive Pathological Service for all develop and General Practitioners become accustomed to making full use of it. Approximately 80 to 90% of the actual bench work in a clinical pathological laboratory or a Public Health bacteriology laboratory is now done by laboratory technicians. The turnover of work is so great that the pathologist can only find time to—

- (1) Supervise it as far as possible ;
- (2) Indicate, in co-operation with the clinician in charge of the case, what tests should be done ;
- (3) Carry out a few procedures which require special medical knowledge and training ;
- (4) Interpret the results of laboratory investigations in the light of clinical findings.

On the whole, however, the large majority of tests must be left to responsible and properly-trained technicians.

The laboratory should be a training ground for junior technicians, but a fully-trained senior man should be in charge of each section of the clinical laboratory with, in addition, a laboratory steward, or technician-in-chief, to supervise the work in general including ordering of stores, equipment, etc. This means that at least three senior technicians and a laboratory steward should be employed at Hope Hospital.

A fully-certificated laboratory technician requires an average of six to seven years' training, and can easily command a salary of £275 to £325 per annum exclusive of bonus. A technician-in-chief of a large laboratory should and, according to present scale, does go up to about £500.

The employment of an adequate technical staff will mean a very considerable addition to the running expenses of the laboratory, and it may be questioned if all this extra expenditure is really justified.

It should be noted, however, that modern laboratory investigations form a keystone in the diagnosis and treatment of disease and also that, unless these investigations are properly carried out by competent technicians, they may be worse than useless as they may even be misleading. There is little point in attempting to treat patients without first making full use of laboratory facilities to find out what is the matter with them.

The same principles apply to the role of the Public Health Bacteriology Laboratory in the investigation and prevention of infectious diseases and epidemics.

	Nature of Investigations.	Lady- well Hospital.	Hope Hospital.	Veterinary Depart- ment.	Tuber- culosis Depart- ment.	Venereal Diseases Depart- ment.	School Medical Depart- ment.	Maternity and Child Welfare Depart- ment.	General Practi- tioners.	Salford Royal Hospital.	Various.	Total.
Maematological Examinations	Blood Counts	—	356	—	—	—	—	—	—	—	—	356
	Peticytocyte Counts	—	363	—	—	—	—	—	—	—	—	363
	Red Cell Counts	—	115	—	—	—	—	—	—	—	—	115
	White Cell Counts	—	302	—	—	—	—	—	—	—	—	302
	Mæmoglobin Estimations	—	1,133	—	—	—	1,050	2,077	—	—	450	4,710
	Blood Grouping	—	317	—	—	—	—	—	—	—	—	317
	Compatability Tests	—	477	—	—	—	—	—	—	—	—	477
	Blood, Sedimentation Rates	—	543	—	—	—	—	—	—	—	—	543
	Sternal Punctures	—	6	—	—	—	—	—	—	—	—	6
	Films for Parasites	—	17	—	—	—	—	—	—	—	—	17
	Platelet Counts	—	14	—	—	—	—	—	—	—	—	14
	Fragility of Red Cells	—	2	—	—	—	—	—	—	—	—	2
	Coagulation Time	—	10	—	—	—	—	—	—	—	—	10
	Promthrombin Estimation	—	2	—	—	—	—	—	—	—	—	2
	Paul Bunnell Reaction	—	1	—	—	—	—	—	—	—	—	1
Pathological Examinations	Cerebro Spinal Fluids	—	155	—	—	—	—	—	—	—	—	155
	Pleural Fluids	—	84	—	—	—	—	—	—	—	—	84
	Autopsies	—	170	—	—	—	—	—	—	—	—	170
	Histological Sections	—	980	—	—	—	—	—	—	—	—	980
Serological Examinations	Agglutination Tests	1	37	—	—	—	—	3	11	—	—	52
	Wassermann Tests	—	1,492	—	—	3,495	—	—	341	403	—	5,731
	Khan Tests	—	1,492	—	—	3,495	—	2,077	341	403	238	8,046
	Gonorrhœal Complement Fixation Tests	—	147	—	—	1,309	—	—	—	2	—	1,458
Miscellaneous Examinations	Smears for Trichomonas Vaginalis	—	132	—	—	—	—	—	—	—	—	132
	Vaccines	—	12	—	—	—	—	—	1	—	—	13
	Animal Inoculations	—	706	—	—	—	—	—	—	—	—	706
	Sterility Tests	—	39	—	—	—	—	—	—	—	—	39
Blood Transfusion Service	Immunity Inoculations	—	120	—	—	—	—	—	—	—	—	120
	Grouping of Donors	—	150	—	—	—	—	—	—	—	—	150
	Bleeding of Donors	—	2,110	—	—	—	—	—	—	—	—	2,110
	Næmoglobin Estimations	—	750	—	—	—	—	—	—	—	—	750
	Withdrawal of Plasma	—	1,700	—	—	—	—	—	—	—	—	1,700
	Miscellaneous Examinations	731	—	—	—	—	—	—	—	—	—	731
Total		7,758	26,532	434	818	8,323	2,137	4,534	3,609	808	925	55,878

EXAMINATIONS MADE FOR OTHER AUTHORITIES DURING 1943.

Nature of Investigation.	Prestwich.	Whitefield.	Hazel Grove.	Urmston.	Total.
Examination of Swabs for Diphtheria Bacilli	55	4	—	—	59
„ „ Næmolyte Streptococci	1	—	—	—	1
„ Sputa for Tuberculosis	13	—	—	—	13
„ Smears for Gonococci	1	—	—	—	1
Agglutination Tests for Typhoid, etc.	1	—	—	—	1
Virulence Tests	1	—	—	—	1
Milk Counts	18	—	4	1	23
„ B. Coli Tests	18	—	21	1	40
„ Methylene Blue Tests	—	—	21	—	21
„ Mocolutions for B. Tuberculosis	11	—	28	—	39
„ Phosphatase Tests	—	—	4	12	16
Total	119	4	78	14	215

SWIMMING BATH WATER REPORTS, 1943.

Bath.	Good.	Fair.	Bad.	Total.
SEEDLEY	13	—	—	13
Ladies	21	—	1	22
2nd Class				
BLACKFRIARS	6	3	6	15
Large	7	2	6	15
Small				
Total	47	5	13	65

Also 7 examinations made on the Swimming Bath at Whiteacre Camp, Whalley.

CITY ANALYST'S REPORT.

During the year 1943, the following analyses and tests have been carried out :—

Food and Drugs Act samples from the City of Salford.....	1,555
Food and Drugs Act samples from the Borough of Eccles.....	126
Food and Drugs Act samples from the Borough of Stretford.....	176
Milk samples " Appeal to Cow " (from all sources).....	17
Fertilisers and Feeding Stuffs Act samples.....	8
Pharmacy and Poisons Act samples.....	3
Rag Flock Act samples (from all sources).....	4
Waters (including swimming bath waters).....	97
Contract samples examined for the Central Purchasing Committee	37
Other Miscellaneous samples.....	120
Sunlight tests	1,932
Volumetric sulphur tests	246
	<hr/>
	4,321
	<hr/>

Regulations of considerable importance with regard to the labelling and composition of food, known as the Defence (Sale of Food) Regulations, dated the 28th October, 1943, have been made during the year under review. Briefly, the Regulations may be stated to extend to all foods the control previously exercised on food substitutes only by the Ministry of Food under the Food Substitutes (Control) Order, 1941, and the Minister of Food will now be responsible for the protection of the public against false or misleading claims made with regard to all foodstuffs; the latter responsibility has previously been vested in the Minister of Health under Section 6 of the Food and Drugs Act, 1938.

Section 1 of the Regulations is concerned with false or misleading labels or advertisements displayed in connection with food and specifically includes false or misleading references to nutritional or dietary value. It will be no defence in connection with a prosecution under this regulation for the defendant to prove that the label included an accurate statement of the composition of the commodity or that no sale of the food referred to in the advertisement had taken place.

Section 6 of the Food and Drugs Act, 1938, which related to false or misleading labels and advertisements is now suspended insofar as it refers to foods, although it still operates in connection with false or misleading claims made in respect of drugs.

Section 2 empowers the Minister of Food to make orders regulating the labelling or marking of wrappers of foodstuffs, restricting claims of the presence in food of vitamins or minerals and regulating generally the composition of any food. These powers are similar to those already held by the Minister of Health under Section 8 of the Food and Drugs Act, 1938, except that in the new regulations particular reference is made to vitamins and the mineral content of foods. The Minister of Health had not exercised his powers under Section 8 of the Food and Drugs Act because the Act did not come into force until October, 1939, by which date the Ministry of Food was in existence.

The need for food standards has, however, been accentuated by the war, and it is evident that the Minister of Food now considers the matter to be of some urgency ; at the time of writing (January, 1944) Orders have already been made giving standards of composition for mustard, shredded suet, self-raising flour, baking powder and golden raising powder.

Enforcement of Regulations will lie in the hands of the Ministry of Food and Local Authorities and not of local Food Control Committees, provided that, except where the Order states otherwise, legal proceedings shall not be brought by any Food and Drugs Authority without the consent of the Ministry of Food.

The Regulations are epoch-making and should go far to safeguard the position of both consumer and manufacturer ; at the same time enforcing authorities will, in future, be in a much stronger position to deal with foods which, although harmless, do not live up to the exaggerated claims sometimes made for them. In the White Paper accompanying the Regulations, however, it is proposed that, in general, pre-packed articles of food shall bear a label indicating, amongst other particulars, the common or usual names (but not the proportions) of the ingredients of the food. The reservation in this last requirement would appear to detract considerably from its value in the case of foods for which there is no standard of composition in that it will, apparently, be still possible for different manufacturers to sell the same type of pre-packed food containing the same ingredients but in widely different proportions and yet no indication of this difference need be given to the consumer.

Reverting to the discussion of samples examined in this laboratory, it is gratifying to note that only two unlicensed food substitutes have been examined during the year ; this represents a great improvement on the unsatisfactory state of affairs which arose during the year 1941. It can now be claimed that manufacturers of fraudulent food substitutes have been driven out of business and that any substitutes available in the shops to-day have the approval of the Ministry of Food.

Special mention should, however, be made of the present position with regard to edible gelatine. Up to the last year or eighteen months very little edible gelatine was sold as such by retail shopkeepers. Owing, however, to restriction on the manufacture of prepared table jellies, which was followed by complete prohibition of manufacture from January, 1943, there has been a big demand on the part of the public for pure gelatine. Before the war much of the gelatine sold in this country was imported and manufacturers here do not appear to have had sufficient stocks of edible gelatine to meet the present demand. The result has been that, in addition to good quality gelatine, gelatine not of edible quality has been offered for retail sale throughout the country ; in fact, although much of the unsatisfactory gelatine only just failed to satisfy the normal standards of purity, some of it really consisted of industrial gelatine or glue. During the year 1943, numerous successful prosecutions have

been instituted by Food and Drugs Authorities throughout the country for excess arsenic, zinc or sulphite preservative in gelatine (zinc is sometimes added to industrial gelatine as a preservative but its use is prohibited in edible gelatine). It is hoped that as a result of this vigorous action dealers will, in future, obtain warranties and exercise greater control generally over the quality of gelatine they offer for sale. Nineteen samples of gelatine, from all sources, have been examined in this laboratory during the year; of these, 8 contained quantities of arsenic in excess of the usually accepted limit of 1/100th grain of arsenic per pound of the sample and, in addition, two samples contained sulphite preservative in excess of the limit of 1,000 parts per million permitted by the Public Health (Preservatives, &c., in Food) Regulations, 1925-1940.

1,555 samples have been examined for the City of Salford under the Food and Drugs Act, 1938. Of these 58 were reported upon as adulterated, corresponding to 3.7% adulteration. This figure is the lowest recorded since the year 1935, the range of adulteration since that year falling between 4.6 and 7.2%. It will be noted from a study of the analysis of milk adulteration given in Table 1 that a big proportion of the samples reported upon as adulterated consisted of milks showing deficiencies in milk fat or solids not fat of less than 10% or 3% respectively. Offences of this type and others which were not of a very serious nature were usually dealt with by letters of caution. Legal proceedings were, however, instituted in 7 cases. The fines (including costs) inflicted in these prosecutions amounted to £66 11s. 0d.

Milk.

1,107 samples of milk were examined during the year, 318 being samples of farmers' milk supplies taken in course of delivery to wholesalers and retailers in Salford.

The average butter fat content of all milk for the whole of the year was 3.63%, that of farmers' milk supplies being 3.62% and that of milk from all other sources being 3.64%. There was, therefore, no significant difference between the butter fat content of the farmers' supplies as compared with that of all other milk samples.

There has been considerable improvement in the number of samples found to be naturally poor in solids not fat when compared with the presumptive limit of 8.5% solids not fat of the Sale of Milk Regulations, 1939. 36 samples came under this heading (all had solids not fat below 8.5% but were adjudged genuine on the Hortvet freezing point test). The distribution of these samples over the year was as follows:—12 were taken in the March quarter, 13 in the June quarter, 8 in the September quarter and 3 in the December quarter. The number of milks naturally poor in solids not fat examined during the three preceding years was as follows:—64 samples in the year 1940, 61 samples in the year 1941 and 72 samples in the year 1942.

Thirty-five samples of milk were reported upon as adulterated during the year ; this represents a percentage milk adulteration of 3.1%. The results of all these samples were below either the presumptive limit of 3% butter fat or that of 8.5% solids not fat of the Sale of Milk Regulations, 1939. Before a milk was accepted as adulterated due to deficiency in solids not fat it was submitted to the Hortvet freezing point test, and any samples passing this test were certified as being naturally deficient in solids not fat. The total number of milk samples from all sources examined by the freezing point test during the year was 112.

The average figure for milk adulteration throughout England and Wales during the last 12 years for which this figure is available, varied from 6.4% to 8.2% ; in comparison with this the Salford figure cannot be considered unsatisfactory.

Table 1.

Milks deficient in fat only	16 or 1.4%
Milks containing added water only	18 or 1.6%
Milks deficient in fat and containing added water.....	1 or 0.1%
	<hr/>
	35 or 3.1%
	<hr/>
Milks containing more than 3% added water	7 or 0.6%
Milks 10% or more deficient in fat	9 or 0.8%
No samples of milk contained colouring matter or preservative.	

Table 2 contains details of the adulterated milk samples and Table 3 gives a list of adulterated food and drugs samples other than milk ; the succeeding paragraphs give brief accounts of the more interesting adulterated samples.

Table 2.

MILK ADULTERATION.

No.	Nature of Adulteration.	Observations.
A7876	Contained 3.5% extraneous water	Fined £5 0s. 0d. and £4 4s. 0d. costs.
A7896	Contained 2.5% extraneous water.....	} Accommodation milk.
A7898	Contained 2.4% extraneous water.....	
A7908	Deficient 1.6% milk fat	
A7913	Deficient 10.0% milk fat	Also naturally poor in solids not fat.
A7958	Contained 1.9% extraneous water	Caution.
B2226	Contained 1.8% extraneous water	Caution.
B2252	Contained 4.7% extraneous water.....	} Formal sample genuine.
B2253	Contained 2.9% extraneous water.....	
B2259	Deficient 10.0% milk fat	
A7986	Contained 7.8% extraneous water.....	} See samples Nos. A7986 and A7987.
A7987	Contained 6.8% extraneous water.....	
		Formal samples genuine.
		Fined £3 0s. 0d. and £4 12s. 0d. costs.

TABLE 2—*continued*,

No.	Nature of Adulteration.	Observations.
B2263	Contained 6·1% extraneous water	See samples Nos. A7986 and A7987.
A11	Contained 2·2% extraneous water	Dairy visited.
B2306	Deficient 11·0% milk fat	County Authority notified.
A25	Deficient 16·6% milk fat	"Appeal to Cow" sample poor in fat.
B2340	Deficient 10·0% milk fat	See sample No. A25.
A35	Contained 2·5% extraneous water	Further samples genuine.
A53	Contained 5·0% extraneous water	See samples Nos. A100 and A103.
A56	Contained 0·7% extraneous water	
A58	Contained 1·7% extraneous water	
B2454	Deficient 5·0% milk fat	Same farm as No. B2480.
B2453	Deficient 3·3% milk fat	Same farm as No. B2482.
A70	Deficient 5·0% milk fat	Bottled milk.
B2480	Deficient 6·6% milk fat	Caution.
B2482	Deficient 6·6% milk fat	Caution.
A77	Deficient 3·3% milk fat	Bottled milk.
A100	Contained 7·4% extraneous water and deficient 3·3% milk fat	Prosecution and conviction. Fined £16 0s. 0d. and £9 8s. 0d. costs.
A103	Contained 1·3% extraneous water	
A113	Deficient 17·7% milk fat	See sample No. A117.
A117	Deficient 13·3% milk fat	"Appeal to Cow" sample poor in fat.
B2570	Deficient 10·0% milk fat	Formal samples genuine.
A229	Contained 2·3% extraneous water	Further samples genuine.
A357	Deficient 13·3% milk fat	Caution.
A359	Contained 2·3% extraneous water	See special observations.

TABLE 3.

ADULTERATED SAMPLES OTHER THAN MILK.

No.	Description.	Nature of Adulteration.	Remarks.
B2079	California Syrup of Figs..	Deficient 60·6% cane sugar, contained 0·05% salicylic acid and incorrect formula on label.	Formal sample unobtainable.
B2161	Eucalyptus Oil	Contained only 65% cineole.	Packers written.
B2176	Eucalyptus Oil	Bottle contained pieces of straw.	Packers written.
M56	Sugar.....	Contained 8·0% ground rice.	Formal sample genuine.

TABLE 3—*continued*.

No.	Description.	Nature of Adulteration.	Remarks.
B2204	Baking Powder	Deficient 56·0% total carbon dioxide.	Stock surrendered.
B2245	Laxative Tablets	Infested with mould	Stock surrendered.
A43	“Sugar-Aide” (Saccharin Solution).	Unsatisfactory label and Ministry of Food offence	Prosecution and conviction. Fined £2 0s. 0d.
M86	Beef Sausage	Contained 4·0% excess meat.	See sample No. A76.
B2435	Mustard	Consisted entirely of white mustard.	Caution.
B2438	Mustard	Consisted entirely of white mustard.	Caution.
A76	Beef Sausage	Contained 5·5% excess meat.	Caution.
B2497	Borax and Honey	Contained 1·5% excess borax.	Caution.
B2585	Camphor and Mustard Oil.	Unsatisfactory label	See special observations.
B2597	Gelatine	Contained 1,200 p.p.m. SO ₂ in excess of the permitted limit.	See sample No. A145.
B2684	Compound Syrup of Figs..	Unsatisfactory label	Packers agreed to alter label.
B2686	Compound Syrup of Figs..	Unsatisfactory label	Packers agreed to alter label.
B2784	Yorkshire Pudding Powder.	Infested with live acari...	Stock surrendered.
B2901	Gelatine	Contained 150 parts per million of sulphur dioxide in excess of the permitted limit.	Suppliers written.
B2934	Gelatine	Contained 5 p.p.m. arsenic	See sample No. A292.
A292	Gelatine	Contained 4 p.p.m. arsenic	Fined £10 0s. 0d. and £4 4s. 0d. costs.
B2989	Ground Almond Substitute.	Ministry of Food Offence	See special observations.
B3061	“Healing” Tablets	Unsatisfactory label	Packers written.
A145	Gelatine	Contained 1,050 p.p.m. SO ₂ in excess of the permitted limit.	Fined £5 0s. 0d. and £3 3s. 0d. costs.

Special observations on the more interesting samples reported as not genuine.

Milk—Sample No. A7876.

This formal sample of loose milk purchased from a roundsman of a dairy company was found upon analysis to contain only 8·20% solids not fat corresponding on comparison with the presumptive limit of 8·5% solids not fat of the Sale of Milk Regulations, 1939, to the presence of 3·5% of extraneous water. The freezing point of the sample confirmed the presence of extraneous water. Legal proceedings were instituted against the dairy company and at the hearing of the case on the 26th February, 1943, the defendant pleaded "not guilty" and asked for the third portion of the sample to be submitted to the Government chemist. At the adjourned hearing on the 26th March, 1943, the certificate of analysis of the Government chemist was read and it stated that the sample contained 8·24% solids not fat which raised the presumption that water had been added to the extent of not less than 3·0%. As indicated above, the corresponding figures obtained in this laboratory were 8·20% solids not fat corresponding to not less than 3·5% extraneous water. The defendants were fined £5 0s. 0d. and £4 4s. 0d. costs (£9 4s. 0d. in all).

California Syrup of Figs—Sample No. B2079.

This informal sample of prepacked syrup of figs bore the following formula :—

" COMPOUND SYRUP OF FIGS INGREDIENTS :
 " Fic. 4·54%, Prun. 31·78%, Ext. Senn. Liq. 5·55%, Senn. Fol.
 " Alex. 2·78%, Acid Benz. 0·1%, Sp. Chlorof. 1·38%, Flavouring
 " 1·06%, Sucros. 62·00%, Aq. Dest. Ad. 100%."

It will be observed that although the amounts of ingredients are expressed as percentages, their sum adds up to 109·19 without the addition of any water.

Upon analysis the total sugars expressed as cane sugar only amounted to 24·4% against a declaration of 62·0% sucrose; comparison of these figures shows a deficiency of 60·6% in sucrose content. The sample was also found to contain 0·05% of salicylic acid instead of the 0·1% benzoic acid declared on the label. Both of these substances are preservatives; benzoic acid is permitted in certain foodstuffs by the Public Health (Preservatives, &c., in Food) Regulations, 1925-1940, but salicylic acid is a prohibited preservative in foods and its use in medicines is, therefore, to be deprecated. It has not been possible to obtain a formal sample of this particular packing.

Sugar—Sample No. M56.

This sample was submitted by a private purchaser on the 24th February, 1943, on complaint that it left an insoluble deposit when used in tea, etc. The sample was found to contain 8% of ground rice which would have the effect

complained of. No indication of the presence of any substance injurious to health was obtained. The sampling officer obtained a formal sample at the shop from which this sugar had been purchased and also examined the remainder of the stock. The formal sample was found to be genuine and the stock appeared to be of good quality.

It is interesting to note that a similar complaint from another member of the public with regard to sugar from this shop was received on the 13th March, 1942; the sugar then complained of contained 4% of ground rice but a formal sample purchased by the sampling officer at the shop was on this occasion also found to be genuine.

A letter was sent to the proprietor of the shop drawing attention to the fact that more than one complaint had been received that sugar containing a foreign ingredient had been supplied from his shop. This department considers this a rather serious matter for the following reasons :—In the normal course of events, samples of sugar are almost invariably found to be genuine, it is a rationed article, and lastly, the presence of insoluble matter is very disturbing to members of the public who display considerable concern as to whether the product is likely to have injurious effects.

Milk—Samples No. B2252, B2253, A7986, A7987 and B2263.

The first two represent informal samples of farm milk taken on delivery to a Salford dairy which were found upon analysis to contain only 8.1% and 8.25% of solids not fat respectively. These figures correspond to the presence of 4.7% and 2.9% of extraneous water and the freezing points of the samples confirmed the presence of extraneous water. Formal samples Nos. A7986 and A7987 were taken the following day and these were found to contain 7.84% and 7.92% of solids not fat corresponding to 7.8% and 6.8% of extraneous water. The freezing point of these samples also indicated the presence of added water. The Sampling Officer then visited the farm and took three "Appeal to Cow" samples; these gave the following results :—

No.	Total Solids. %	Fat. %	Solids not fat. %	Freezing Point (Hortvet).	Observations.
A7988	12.80	4.30	8.50	—0.540°C.	Genuine.
A7989	11.83	3.30	8.53	—0.538°C.	Genuine.
A7990	12.25	3.80	8.45	—0.538°C.	Poor in solids not fat.

Two of the samples were found to be genuine, the other being slightly poor in solids not fat, but it had a normal freezing point showing that this deficiency was due to natural causes. During his visit to the farm, the Sampling Officer also took at the suggestion of the farmer, an informal sample of milk from a churn containing the previous morning's milking which was still on the farm premises. This sample, No. B2263, upon analysis was found to contain only 7.98% solids not fat corresponding to the presence of 6.1% of extraneous water, the presence of added water was confirmed by the result of the freezing point test; the results obtained on this last sample clearly indicated that adulteration of the milk occurred on the farm and not during transit. Legal proceedings were instituted against the farmer in respect of samples No. A7986 and A7987 and he was fined £3 0s. 0d. and £4 12s. 0d. costs (£7 12s. 0d. in all).

“ Sugar-Aide ” (Saccharin Solution)—Sample No. A43.

This formal sample of prepacked solution called “ Sugar-Aide ” was found upon analysis to have the following composition :—Soluble saccharin, etc. 0.27% (including pure saccharin 0.22%) and water 99.73%. Saccharin is 550 times sweeter than sugar; calculating on this basis, one part of the sample would be equal in sweetness to only 1.2 parts of sugar. The label on the bottle, however, bore the statements “ 2 power ” and “ Twice as Sweet as Sugar and a better Flavour for ALL purposes that Sugar is used for as a Sweetener, Manufacturing or Domestic but only use half the quantity.” In view of the analytical results these statements were incorrect and the Sampling Officer was authorised to institute proceedings against the packer.

The sale of saccharin solutions by retail is also expressly forbidden by Section 2 (a) of the Saccharin (Control and Maximum Prices) Order, 1942, made by the Minister of Food.

At the hearing of the case before the City Stipendiary Magistrate on the 28th May, 1943, the defendant pleaded “ guilty ” and was fined £2 0s. 0d. In view of the general financial position of the defendant and the fact that it would no longer be possible for her to sell saccharin solution, no costs were applied for in this case.

Beef Sausage—Samples No. M86 and A76.

The informal sample (No. M86) supplied under contract was submitted on complaint from a Casualty Service Dépôt. It was found upon analysis to contain 29.0% fat and 20.0% of lean meat, corresponding to 49% of total meat. This ratio of fat to lean is excessive for sausage of normal quality and this, coupled with the relatively small amount of meat permitted in

war-time sausage, would make the meat content of the cooked sausage appear to be even less than usual. The Meat Products and Cooked Meat (Control and Maximum Prices) Order, 1942, limited the total meat content of sausage to not less than 30% and not more than 45%. The sample, therefore, contained 4% excess meat. A formal sample (A76) taken direct from the suppliers of the private sample No. M86, was found upon analysis to contain 50.5% of total meat of which 31.0% consisted of fat. The result, therefore, being very similar to that of the previous sample. A letter was sent to the manufacturer of the sausage requesting an assurance that in future his product would comply with the regulations and drawing his attention to the very excessive amounts of fat present in the samples under discussion.

Milk—Samples No. A53, A56 and A58.

The first of these represents a sample of bottled milk taken at a shop in this City. It was found upon analysis to contain only 8.07% solids not fat, a figure corresponding to the presence of not less than 5.0% extraneous water. The freezing point of the sample also indicated the presence of not less than 4.7% of extraneous water. Four samples were taken the following day from the dairy company supplying this shop; these gave the following figures upon analysis :—

No.	Total Solids. %	Fat. %	Solids not fat. %	Freezing Point (Hortvet).
A56	11.76	3.22	8.54	—0.526°C.
A57	11.94	3.30	8.64	—0.533°C.
A58	11.77	3.25	8.52	—0.521°C.
A59	11.95	3.40	8.55	—0.533°C.

Samples Nos A57 and A59 were, therefore, genuine. Samples Nos. A56 and A58, however, contained respectively 0.7% and 1.7% of extraneous water calculating on a maximum freezing point for genuine milk of —0.530°C. (Hortvet). The solids not fat of the latter samples were just within the presumptive limit of 8.5% solids not fat of the Sale of Milk Regulations, 1939. In view of the unsatisfactory nature of at least one of the samples procured direct from the dairy company and the fact that the sample at the shop was an unopened bottle of milk, proceedings were instituted against the dairy company in respect of samples No. A53 and A58.

Milk—Samples No. A100 and A103.

The first of these formal samples represents a bottle of milk purchased from a shop in this City and the second is one of four samples taken the following day from a dairy company delivering to the shop. The remaining three samples taken on delivery were found to be genuine. Samples No. A100 and A103 gave the following results upon analysis :—

No.	Total Solids. %	Fat. %	Solids not fat. %	Freezing Point. (Hortvet).	Extraneous Water.	
					Calc. on Solids not fat.	Calc. on Freezing Point.
A100.....	10.77	2.90	7.87	—0.469°C.	7.4%	11.5%
A103.....	11.51	3.12	8.39	—0.507°C.	1.3%	4.3%

These samples were obtained about five weeks after samples No. A53 and A58 (above) and were supplied by the same dairy company. Summonses were also issued in respect of samples No. A100 and A103. The summonses were heard in respect of all four samples on the 29th June, 1943, when the company pleaded " guilty " and was fined £4 0s. 0d. on each summons together with £9 8s. 0d. costs (£25 8s. 0d. in all).

Mustard—Samples No. B2435 and B2438.

These represent two informal samples purchased at two different shops which were found upon analysis to consist entirely of ground white mustard. Mustard as normally manufactured for table purposes consists of a mixture of milled brown and white mustard seeds ; mustard compounds, in addition, containing a small proportion of wheat flour. The pungent odour normally developed when table mustard is mixed with water is due to volatile oil which is only liberated from brown mustard and is not present in white mustard. The volatile oil content of brown mustard is approximately 0.4 to 1.9%, that of white mustard being less than 0.1%. Well known mustards usually contain about 0.8%, or at least 0.5% of volatile oil. The two samples under discussion were found upon analysis to both contain only 0.07% of volatile oil indicating that they consisted entirely of white mustard. Letters of caution have been sent to the suppliers of both products. More recently the Food Standards (Mustard) Order, 1944, has fixed a minimum standard of 0.35% volatile oil for mustard.

Camphor and Mustard Oil—Sample No. B2585.

This informal prepacked sample was found upon analysis to contain 5·7% of camphor dissolved in a fixed mustard oil base. The label on the container stated "Camphor and Mustard Oil," "Not to be Taken," but bore no quantitative indication of the composition of the mixture which would appear to be contrary at least to the spirit of the requirements of Section II of the Pharmacy and Medicines Act, 1941. The phrase which tends to limit the scope of this section of the Act is "recommended as a medicine"; while the words on the label in question do not specifically "recommend" this preparation as a medicine, it is felt that its name, etc., implies indirectly that it is intended to be used as a rubbing bottle. The advantages of the labelling requirements of section II of the Act with regard to declaration of formulæ will be completely nullified in the case of this and other similarly labelled and obviously medicinal preparations unless the wording of the section is interpreted in its broadest sense as referring to all medicinal preparations.

Gelatine—Samples No. B2597 and A145.

These are informal and formal samples of the same make of gelatine which were found upon analysis to contain 2,200 and 2,050 parts per million respectively of sulphur dioxide. The Public Health (Preservatives, &c., in Food) Regulations, 1925-1940, only permit a maximum of 1,000 parts per million of sulphur dioxide in gelatine. The samples under discussion, therefore, contained excesses of 1,200 and 1,050 parts per million respectively. In view of the relatively large excess of sulphur dioxide present and the fact that recently throughout the country there has been a tendency for gelatine of inferior quality to make its appearance on the market, it was felt that legal proceedings should be advised in this case. A summons against the manufacturers of this product was issued and they were fined £5 0s. 0d. and £3 3s. 0d. costs (£8 3s. 0d. in all).

Compound Syrup of Figs—Samples No. B2684 and B2686.

These informal prepacked samples, the products of two different packers, bore the following formula upon the label:—Senna Fol. 17·5%, Senna Fruct, 12·5%, Fic. 2·5%, Sucrose 72·5%, Ol. Menth. Pip. 0·05%, Ol. Anisi. 0·08%, Alcohol 90%, 0·35%, Chloroform 0·41%, Aqua Ad. 100%. Upon analysis the samples were found to contain total sugars equivalent to only 39·6 and 45·2% respectively. These figures are considerably below that given in the formula and, in addition, it will be noticed that the formula itself is incorrect in that the percentage ingredients add up to well over 100%. Enquiries were made and it was ascertained that the syrup of figs was manufactured by a firm of wholesale chemists for both packers. This company has been communicated with and a revised formula has now been issued. The discrepancy in the sugar content was stated to be due to recent economies which had to be made in the use of this ingredient.

Gelatine—Samples No. B2934 and A292.

These are informal and formal samples respectively of the same make of leaf gelatine which were found upon analysis to contain 5 and 4 parts per million of arsenic (as As_2O_3) respectively. The Royal Commission on Arsenical Poisoning, 1903, recommended that the maximum permitted quantity of arsenic in any solid food should be 1/100th grain per pound (equivalent to 1.4 p.p.m.). The samples, therefore, contained 3.6 and 2.6 p.p.m. of arsenic in excess of the limit respectively.

Although this quantity of arsenic, in itself, would not be injurious to health, it is felt that, in view of the fact that this element is a cumulative poison, the standard should be rigidly applied. A summons was issued against the manufacturers and they were fined £10 0s. 0d. and £4 4s. 0d. costs (£14 4s. 0d. in all).

Ground Almond Substitute—Sample No. B2989.

This informal sample was found upon analysis to have the proximate analysis:—Proteins 28.4%, fat 14.4%, moisture 9.8%, mineral matter 3.6% and carbohydrates (including starch) 43.8%. The sample contained soya flour, ground nut and partially gelatinised wheat in approximately equal proportions. This preparation comes under the Food Substitutes (Control) Order, 1941, Section 3 of which prohibits the sale of any food substitute "except in the container in which and under the label and description under which it was sold by the manufacturer of that food substitute." The sample under discussion was sold loose to the Sampling Officer who subsequently visited the wholesale grocer who had supplied the shopkeeper. He was informed that the shopkeeper had been supplied under the impression that the product was to be used on the premises for baking purposes and not for sale by retail. In view of the fact that only 3 lbs. of the product was sold to the retailer and that it has now been withdrawn from sale, no further action is proposed in this matter.

Egg Substitute Powder—Sample No. 502 (Borough of Eccles).

This informal sample was bought in a carton, the label of which bore the statements: "Containing Egg Solids equivalent to approximately 8% Real Egg" and "Mix one teaspoonful of ——— Egg Substitute Powder with a little lukewarm water, add to one pound of self-raising flour and you have a delicious cake mixture containing the equivalent substitute for two eggs." Upon analysis it was found to be a mixture of wheat flour with 2% of dried egg and a little colouring matter and it had the following composition:—Moisture 13.0%, protein 13.1%, fat 1.4%, Organic Phosphoric Acid (as P_2O_5) 0.03%, carbon dioxide nil, ash 0.78% and carbohydrates, etc. (including colouring matter) 71.59%. The average composition of whole egg (shelled) is as follows:—Moisture 73.7%, protein 14.8%, fat 10.12%, ash 1.00% and organic phosphoric acid (as P_2O_5) 0.38%. Comparison of these figures indicates that the sample

was deficient of 86% of fat and 92% of organic phosphoric acid as compared with whole egg. The total weight of two average eggs (shelled) would be $3\frac{1}{2}$ ozs., whereas the weight of one heaped teaspoonful of the said sample is only approximately $\frac{1}{4}$ oz. In my opinion, therefore, the second of the statements quoted above is incorrect, or alternatively, misleading. The Ministry of Food, Food Substitutes Control Section, was communicated with. They stated that the product was an unlicensed substitute and a label containing statements such as the above would never have been approved. On making further enquiries at the shop from which it was purchased, it was discovered that 6 packets were purchased on the 7th October, 1941, and the shopkeeper's invoice bore that date. In view of the fact that this invoice or warranty was over twelve months old (Section 80, Food and Drugs Act, 1938), it would not have been possible to take proceedings against the packers but only against the retailer. In the circumstances, it was decided to request the retailer to surrender the remaining two packets in stock and communicate with the packers with regard to this commodity.

Gelatine—Samples No. 559 and 560 (Borough of Eccles).

These informal samples which were obtained from two different sources were found upon analysis to contain $1/24$ grain per lb. and $1/12$ grain per lb. of arsenic respectively. The maximum permitted limit of arsenic in solid foods recommended by the Royal Commission on Arsenical Poisoning, 1903, was $1/100$ grain per lb. The samples under consideration, therefore, contained approximately 4 and 8 times the maximum permitted amount of arsenic. In addition, sample No. 560 contained 2.66% of mineral matter, whereas the maximum permitted limit given for this in gelatine in the British Pharmacopœia, 1932, is 2.0%. The remainder of the stocks were returned to the wholesalers and the Food and Drugs Authorities of the area in which the wholesalers premises were situated were communicated with suggesting that this material should be used for industrial purposes only.

Gravy Browning or Colouring—Sample No. 573 (Borough of Eccles).

This informal prepacked sample purchased as the result of a complaint was found upon analysis to have the following composition:—Brown coal tar dye 2.4%, salt and other mineral matter 3.0%, water, etc. 94.6%. Practical tests showed that it gave a satisfactory colour to gravy but that if it was used to colour meat pies, or particularly meat and potato pies, the pastry and the potato developed a most unappetising yellow or greenish-yellow colouration. The Ministry of Health (North Western Region) has been communicated with pointing out the unsatisfactory nature of this product and suggesting that its continued manufacture and use would lead to wastage of foodstuffs.

Gelatine—Samples No. 585 and 594 (Borough of Eccles).

These are informal and formal samples of leaf gelatine both purchased from the same shop which were found upon analysis to contain 8 p.p.m. and 5 p.p.m. of arsenic respectively. The standard normally accepted for arsenic in solid foods is a maximum of 1/100th grain per lb. (1·4 parts per million) which was the figure recommended by the Royal Commission on Arsenical Poisoning, 1903. The samples under consideration, therefore, contained excesses of 6·6 and 3·6 p.p.m. of arsenic respectively. Legal proceedings were instituted in respect of sample No. 594 and the wholesalers, who accepted responsibility, were fined £2 0s. 0d.

Pasteurised Milk—Sample No. 693 (Borough of Stretford).

This formal sample taken upon delivery to a consumer was found upon analysis to comply with the requirements of the Sale of Milk Regulations in respect of fat and solids not fat, but when examined by the phosphatase test it gave a reading of 12·0 Lovibond blue units, a figure very considerably in excess of the limit of 2·3 Lovibond blue units stipulated in the 1943 addendum to Memo. 139/Foods. A reading of 12·0 in the test indicated that the sample was either grossly undertreated in the pasteurising process or that it contained an appreciable quantity of raw milk. This sample was not labelled in accordance with the requirements of the Milk Designations Order, 1936, but the consumer had received a letter from the dairy concerned to the effect that all their milk was pasteurised. In view of this fact, and the fact that another sample taken from the same delivery for purposes of independent bacteriological examination showed very unsatisfactory results, legal proceedings were instituted against the dairy company concerned.

The defendants were fined £15 0s. 0d. and £5 5s. 0d. costs for a contravention of Section 3 of the Food and Drugs Act ; £15 0s. 0d. and £5 5s. 0d. costs for an offence under Section 21 of the Milk and Dairies Order, 1926, and nominal fines of 4s. each under two other summonses arising out of the same set of circumstances (£40 18s. 0d. in all).

Coffee Extract with Chicory—Sample No. 722 (Borough of Stretford).

This informal sample was found upon analysis to have the following composition :—Caffeine 0·10%, mineral matter 0·55%, reducing sugars (as invert sugar) 6·30%, cane sugar 3·00%, saccharin 0·05%, benzoic acid 0·04%, other non-sugar solids 10·67%, moisture, etc. 79·29%. The amount of caffeine present corresponded to only 2·0% dry coffee extractives. The normal trade standard for dry coffee extractives in this type of product is a minimum of 4% and on this basis the sample under consideration was deficient of 50% of the minimum amount of dry extractives of coffee. The sample also contravened a Ministry of Food regulation in that the label bore no maximum retail price as

required by Section 3 of the Coffee Essence (Control) Order, 1942. The wholesalers who supplied this product were communicated with and they stated that it was old stock which they had disposed of as they had no reason, at the time, to consider it unsatisfactory. In view of all circumstances, it was decided not to institute proceedings but a strong letter of caution was sent to the wholesalers who undertook to withdraw this commodity from the market.

Milk—Sample No. A359 (City of Salford).

This formal sample of bottled sterilised milk purchased at a shop on the 17th December, 1943, was found upon analysis to contain only 8·30% of solids not fat ; a figure corresponding to the presence of 2·3% of extraneous water. The freezing point of the sample also indicated the presence of 2·6% of extraneous water. A sample of this milk obtained from the same dairy company on the 23rd September last gave similar results and on that occasion a letter of caution was sent to the company. Legal proceedings were instituted but at the hearing of the summons, the defendants were able to call evidence to show that another dairy company was also delivering milk to the shop concerned and that some of the milk delivered by the second company had been bottled in the defendant's bottles. In view of the doubt thereby cast on the ownership of the milk in this case, the Stipendiary Magistrate decided to dismiss the summons. No order as to costs was made.

MATERNITY AND CHILD WELFARE AND THE SUPERVISION OF MIDWIVES.

In spite of war difficulties and shortage of staff, the year 1943 may be said to have been one of progress in the Maternity and Child Welfare Service in the City.

Several changes have taken place throughout the year.

Student Health Visitors' Scheme.

An assisted scheme for the training of Health Visitors was started in January. Four students were appointed and they attended a six months' course of training for Health Visitors held at the Manchester College of Technology, and spent a further six months in the Maternity and Child Welfare Department in Salford.

During the period of training and the subsequent six months they were paid a salary equivalent to half the minimum salary paid to a Health Visitor. Three of the students were successful in obtaining the Health Visitors' Certificate at the end of six months and one at a later date.

Health Nursing Service.

In February, all the nursing staff in the Health Department were regarded as members of a Health Nursing Service under the supervision of the Senior Medical Officer for Maternity and Child Welfare and the Superintendent Health Visitor.

One practical advantage of this scheme will be that instead of being in separate departments, every nurse will be available for utilisation in appropriate departments leading to co-ordination and greater uniformity of working conditions. The scheme was first put into operation in the Mandley Park Ward and later in the Ordsall Park Ward where Health Visitors were given the combined duties of Health Visitor, School Nurse and Tuberculosis Visitor, in each of these areas. In August, half the tuberculosis visiting in the City was undertaken by Health Visitors.

Breast Feeding Clinic.

In August, a Breast Feeding Clinic was opened at Hope Hospital. Mothers who are having difficulty with feeding can be sent to this clinic for advice and practical instruction. At the present time, the facilities are such that the mothers can stay at the clinic from 10 a.m. to 5 p.m. and thus observations can be made of two feeds and sometimes three feeds during the day.

It is realised, however, that in order to get the best results, arrangements should be made for the mothers to "live in" with their babies for several days, but owing to lack of accommodation this is not possible. Nevertheless, it can be claimed that the results obtained to date are satisfactory.

From the opening of the clinic until the end of the year, 31 patients were treated. In 16 of these, the babies were from 14 days to one month old and in each case the mothers attended the clinic from 7 to 10 days. All made satisfactory progress. In 12 cases the babies were from 2 to 4 months old, and these also progressed satisfactorily. Three cases made no response whatever, and the infants had to be artificially fed.

The Adoption of Children (Regulation) Act, 1939.

In October, the powers and duties of the Council under this Act were delegated to the Health Committee and the administrative work involved was undertaken by the staff of the Maternity and Child Welfare Department.

In the same month, a circular on the "Care of the Illegitimate Child" was issued by the Ministry of Health. In this Circular Local Authorities were advised to formulate a scheme and to appoint a special worker to undertake special duties in this connection.

As the "Adoption of Children," "Care of the Illegitimate Child" and "Infant Life Protection" are so closely related, it was decided to appoint an Assistant Superintendent Health Visitor early in the New Year to undertake all the administrative work attached thereto.

Child Welfare Centres.

A new Child Welfare Centre was opened at Hope Hospital in June for the mothers of Weaste and Seedley Wards. This clinic is opened for one session weekly and is well attended.

An extra session is also being held at the Langworthy Centre.

The attendances at the various clinics and centres show an increase in the number of children under one year attending, and a decrease in the number of children over one year, compared with the figures for 1942.

<i>Total under 1 year.</i>		<i>Total over 1 year.</i>	
1942	22,584	1942.....	15,554
1943	26,828	1943.....	9,278

The explanation for these figures may be that there is an increased number of children attending Nursery Classes and War-time Day Nurseries.

There are now 8 Child Welfare Centres in the City at which 20 sessions are held weekly. Medical consultations are held at 17 of these sessions. More centres are needed in the City, particularly in the Kersal, Mandley Park and Charlestown Wards.

Ante-Natal Clinics.

Ante-Natal Clinics are held at the three main centres in the City—Regent Road, Police Street and Broughton.

Seven ante-natal sessions are held weekly. The total attendances during the year were 7,569.

Four ante-natal sessions per month are also held at the Royal District Nurses' Home, staffed by midwives and pupil midwives of that institution. Two of the sessions are attended by one of the Maternity and Child Welfare Medical Officers.

Post-Natal Clinics.

Post-Natal sessions are held once weekly at Regent Road, Police Street and Broughton Clinics. The attendances at these clinics are not very satisfactory although each midwife before she leaves her patient on the fourteenth day, gives her a card showing the date and time of the nearest clinic and asks her to attend in a month's time.

The total attendances during the year were 144.

Infant Mortality.

The infant mortality rate, which is 69 per 1,000 live births this year, shows a decrease from that of 1942, but is still too high as compared with that of the country as a whole. Half the deaths occur in the first month of life and of these 67% are certified as being due to prematurity and to congenital debility. Our efforts, therefore, must be concentrated on the lowering of this figure. A certain number of these deaths are unavoidable—those in which the congenital defect is such that survival is impossible.

More investigation is needed into conditions which bring about premature births and into the causes of congenital defect so that these may be avoided if possible. More care must be given to the new-born, particularly the premature new-born, to provide it with the ideal conditions under which it will have a better chance of survival.

During the year, special provision has been made for the care of the premature baby in the City. A ward, in which the temperature and humidity of the atmosphere can be controlled and which is equipped with specially heated cots has been opened at Hope Hospital. Since October, midwives practising in the City are required to give prompt notification of premature births. Gamgee tissue gowns are provided for each case and special cots where necessary. If the infant has to be transferred to hospital, a heated basket and ambulance is used for its transport.

It is hoped that in 1944 a special nurse who will undertake the care of these babies will be appointed.

Since October, 10 cases of prematurity have been notified by midwives on the district. Five were removed to hospital and 5 were cared for at home.

The following table gives some details of these cases :—

Date of Birth.	Pre-maturity.	Cause.	Weight.	Treatment.	Result.
27/10/43	1 month	Ante-Partum Hæmorrhage. Premature separation of Placenta.	4 lbs.	Removed to Hospital.	Died at 16 hours.
15/11/43	? 4 months	Mother did heavy work during pregnancy.	1 $\frac{3}{4}$ lbs.	At home.....	Died at 10 hours.
19/11/43	1 month	Not known	5 lbs.	At home.....	Survived.
29/11/43	?	Not known. (Emergency Case. No ante-natal care).	4 lbs.	Removed to Hospital.	Died at 15 hours.
29/11/43	1 month	Not known	5 $\frac{1}{4}$ lbs.	At home.....	Survived.
3/12/43	3 weeks	} Multiple pregnancy	5 lbs.	} Removed to Hospital.	Survived.
3/12/43	"		5 lbs.		
3/12/43	"		4 $\frac{1}{2}$ lbs.		
17/12/43	1 month	Multiparity.....	3 $\frac{1}{2}$ lbs.	At home.....	Survived.
28/12/43	1 month	Not known. Mother's general health good.	5 $\frac{1}{2}$ lbs.	"	"

Municipal Midwifery Service.

During the year, 1,583 births were attended by the domiciliary midwives employed by the Council. This is an increase of 113 over the number for 1942. In 150 of these cases, the midwives acted as Maternity Nurses.

36,452 nursing visits were paid by the midwives,

5,328 ante-natal visits and

780 special visits.

In February, arrangements were made for the midwives to have the use of the Ante-Natal Clinics for the routine ante-natal examination of their booked cases. One session per week was, therefore, set aside for this purpose at the three main Maternity and Child Welfare Centres. The midwives attend every two weeks in groups of three. All new cases and cases in which any abnormality has arisen are referred for medical examination to the Ante-Natal Clinics staffed by the Maternity and Child Welfare Medical Officers.

During the year, the number of attendances made at these Midwives' Clinics was 2,109.

Cause.	Under 1 day.	1-6 days.	2nd week.	3rd week.	4th week.	Total.
Prematurity.....	18	16	5	2	2	43
Congenital Debility	12	11	8	1	3	35
Marasmus.....	—	—	—	—	1	1
Respiratory Diseases : Bronchitis and Pneumonia	—	3	—	5	9	17
Gastro-Enteritis	—	—	1	1	8	10
Streptococcal Meningitis.....	—	—	—	1	—	1
Congenital Syphilis.....	1	—	—	—	—	1
Pertussis	—	—	—	—	1	1
Other Causes	1	2	1	—	1	5
Total.....	32	32	15	10	25	114

INFANT DEATHS, 1943.

	Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park.	Ordsall Park.	Regent.	St. Matthias's	St. Paul's.	St. Thomas's.	Seedley.	Trinity.	Waste.	Total.
Prematurity.....	2	—	2	5	1	2	3	2	7	4	6	1	3	—	1	5	44
Congenital Debility	5	2	2	6	1	1	6	3	1	3	1	4	5	—	3	3	46
Marasmus.....	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Gastro-Enteritis.....	4	—	4	1	—	1	3	3	2	—	4	—	4	2	2	2	32
Respiratory Diseases (Bronchitis and Pneumonia.....	8	—	3	3	2	6	3	3	3	4	9	11	5	2	4	2	68
Streptococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Pneumococcal Meningitis.....	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Congenital Syphilis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Generalised Tuberculosis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Pulmonary Tuberculosis	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Tubercular Meningitis	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Pertussis.....	—	—	—	1	—	—	1	—	1	1	—	—	—	—	—	—	4
Other Causes.....	1	—	1	1	—	—	2	1	—	2	—	2	1	—	2	1	14
Totals	21	2	12	17	4	10	19	13	16	15	21	18	19	4	12	13	216

INFANT DEATHS, 1943.

Cause.	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	Total
Prematurity.....	43	—	—	1	—	—	—	—	—	—	—	44
Congenital Debility.....	35	3	5	1	—	—	1	—	—	1	—	46
Marasmus.....	1	1	—	—	—	—	—	—	—	—	—	2
Gastro-Enteritis	10	5	5	4	4	1	3	—	—	—	—	32
Respiratory Diseases (Bronchitis and Pneumonia)	17	4	9	7	14	5	7	2	1	—	2	68
Streptococcal Meningitis.....	1	—	—	—	—	—	—	—	—	—	—	1
Pneumococcal Meningitis	—	—	—	—	—	—	—	—	1	—	—	1
Congenital Syphilis.....	1	—	—	—	—	—	—	—	—	—	—	1
Generalised Tuberculosis	—	—	—	—	—	—	1	—	—	—	—	1
Pulmonary Tuberculosis	—	—	—	—	—	—	1	—	—	—	—	1
Tubercular Meningitis	—	—	—	—	—	—	—	—	1	—	—	1
Pertussis	1	1	—	—	—	1	—	—	—	1	—	4
Other Causes	5	1	3	1	—	1	—	—	—	2	1	14
Totals	114	15	22	14	18	8	13	2	3	4	3	216

Gas and Air Analgesia.

Eight midwives received their training and obtained certificates of proficiency in the administration of Nitrous Oxide and Air Analgesia.

The number of cases in which use was made of this Analgesia was 11. Unfortunately, the difficulty of obtaining further supplies of the apparatus and shortage of staff make the wide use of this service to mothers in childbirth impossible.

By kind permission of Major Godfrey, the Chief Constable, the apparatus is kept at two of the Divisional Police Headquarters. A telephone message from a midwife quickly brings the machine to the address at which it is needed. If it were not for this help, it would be difficult to carry on this service at all.

" Flying Squad."

The " Flying Squad " from Hope Hospital was called out for six cases during the year. Successful results were obtained in all cases. All the patients suffered from severe hæmorrhage, blood transfusion being given in five of the six cases.

Notifications.

The following notifications were received from municipal midwives during the year :—

Calling in medical assistance	803
Contact with infectious diseases	6
Stillbirths	25
Infant Deaths	16
Artificial Feeding of Infants.....	30

Ophthalmia Neonatorum.

Thirteen cases were notified during the year, including one from Crossley Hospital, Manchester. Five were removed to the Manchester Royal Eye Hospital. The remaining seven were treated at home, two of these by the staff of the Royal District Nurses' Home, under the direction of the Medical Practitioner who notified the case. All recovered without any damage to the eyesight.

Pemphigus Neonatorum.

Three cases were notified during the year. Two were midwives' cases delivered in the patients' own homes. One case occurred in the practice of a Medical Practitioner and was removed to Ladywell Hospital.

All cases recovered.

Puerperal Pyrexia.

Sixty-six cases were notified during the year :—

49 from Hope Hospital.

15 were attended by Municipal Midwives. (10 cases were removed to Hospital).

2 cases occurred in the practice of General Medical Practitioners.

Nursing Home Registration.

(Public Health Act, 1936. Section 187-192.)

There are three registered Nursing Homes in Salford, one for surgical patients, one for medical and surgical patients, and one for maternity patients. All three were visited during the year by the Inspectors appointed by the Council.

Maternal Deaths.

Eight maternal deaths among Salford patients occurred in the City during 1943. The causes were stated to be as follows :—

1. Acute Myocardial Degeneration.
Rheumatic Myocarditis and Endocarditis.
2. Lobar Pneumonia. (Post mortem examination).
3. Post Abortion.
Staphylococcal Septicæmia.
Staphylococcal Pericarditis. (Post mortem examination).
4. Pulmonary Embolism.
Auricular Fibrillation.
Mitral Stenosis associated with 20 weeks pregnancy.
5. Puerperal Sepsis. (Post mortem examination).
6. Septicæmia due to septic abortion.
7. Aplastic Anæmia.
Pyelitis of pregnancy.
Pregnancy at term.
8. Capillary Bronchitis.
Mitral Stenosis.

War-time Nurseries.

During 1943, four more Nurseries at Eccles Old Road, Pendleton, Fitzwarren Street, Pendleton, Howard Street, Eccles New Road, and Wilmur Avenue, Broughton, were opened.

These four Nurseries are prefabricated huts similar to those already in operation in Salford, but with many improvements both in the building itself and its appointments.

Each Nursery has accommodation for 50 children who can be divided into three age groups, making the handling of the children much simpler than had been the case in other units. Plans were also made for the extension of the Hulme Street Nursery by the addition of a unit on the adjoining ground and also for a Nursery to be built on ground adjoining that formerly occupied by the London Street School. By the end of 1943 these two Nurseries were well advanced and almost ready for occupation.

In September the Ministry of Health was approached to approve the appointment of two Superintendent Teachers to supervise the educational work of the older children attending the Nurseries and in November Miss M. Linn, formerly Warden of the Cook Street Nursery, was appointed to supervise the educational and play activities in five War-time Nurseries, and Miss O. M. Robinson was appointed in December, 1943, for five other Nurseries.

Training of Probationers.

In September, Dr. Walker, Medical Officer of Health for Stretford, invited Probationers of Salford Nurseries to attend a course of lectures organised in accordance with the syllabus of the National Society of Children's Nurseries. Nine Salford Probationers attended the course of lectures.

In November the first three Probationers who had completed their two years' training in Salford Nurseries entered the examination for the Diploma of the National Society of Children's Nurseries, and all three were successful. Two of the candidates were promoted to posts in Salford Nurseries, the other one left the service owing to illness at home.

Incidence of Infection.

During the year there have been 83 cases of Measles, 28 cases of Chicken Pox, 9 cases of Whooping Cough, 10 cases of Mumps, 8 cases of Scarlet Fever, 1 case of Diphtheria, several cases of Scabies and Impetigo amongst the children attending the Nurseries. There were also 39 cases of infective diarrhoea, but in no case was the infection serious. During the later part of the year there was an epidemic of Influenza which affected both children and staff of the Nurseries.

The demand for accommodation has been very great—particularly from mothers who have young babies. There has also been a great number of requests for accommodation from mothers who had to attend hospitals for treatment or confinement.

Artificial Sunlight.

Special electric plugs were installed in four of the Nurseries, Langworthy, Gt. Clowes Street, Greengate and Markendale Street so that artificial sunlight by means of a portable lamp could be administered to the children attending these Nurseries.

Total Number of Attendances during 1943.

Under 2 years	23,334
Over 2 years	63,237
Number of staff employed on December 31st (including domestics)	144

Medical Officer's Report.

In her report on the health of the children attending the Nurseries, Dr. E. V. Brown states :—

- (1) *General Health.* There is a marked improvement in the children attending regularly and this is more marked in the Nurseries which have been able to have artificial sunlight during the winter.
- (2) *Tonsils and Adenoids.* A large percentage of children are affected, General tonics, gargles, etc. and artificial sunlight seem to give improvement. During the winter, 1942-1943, most of the children suffered from a heavy nasal discharge. There has been great improvement towards the end of the year, noticeably so in the Nurseries which have had the sunlight lamps. The early use of Argotone seems to have checked many cases.
- (3) *Postural Defects.* There is a noticeable proportion of children, particularly girls, with slight degrees of Genu Valgum—1½in. to 2in. Very few of the children have any history of signs of Rickets. Postural defects are more noticeable in the boys between 3 and 5 years. Though the following observations cannot, of course, apply directly to these cases, I think that in general, play and exercise seem to be too circumscribed. It would be desirable to have better facilities both for climbing and outdoor recreation in general, particularly during the winter months, bearing in mind the unsuitability of the clothing of some of the children and also the condition of the playground round the Nursery buildings.
- (4) *Dental Caries.* I have noticed particularly the low incidence of dental caries in the children, which indicates some advantage in war-time dietary, and conditions, both for the mothers and children.

A condition of admission to the Nurseries is that all children should be Immunised against Diphtheria and Whooping Cough.

HOPE HOSPITAL.

General.

The keynote of the work of the hospital during 1943, the third year following the disastrous air raid damage of December, 1940, has been one of continued progress and expansion, thus maintaining and even accelerating the trend of the previous year, which was characterised by a marked recovery of the activities of the hospital in every direction. Not only was there an increase in the bed accommodation, but a number of new activities were initiated during the year. The total available beds and cots rose to 1,004 at the end of the year, the corresponding figures for 1942 being 845, and for 1941, 778. This figure was attained by the provision of additional wards for children and aged people. Ward G.3 was opened for children in February, in the first instance for tonsils and adenoids cases and later for the orthopædic children, and wards S.A.3 and S.A.2 were opened for aged people in May and December respectively. The purpose of the latter two wards was to make provision for aged, sick people for whom outside accommodation in their own homes or in other institutions was not available. This addition provided a welcome relief for the general wards into which these cases were overflowing and thus blocking the general beds. But the beds available in the children's wards particularly were insufficient to meet the demands made on them at many times. It was still necessary, on many occasions throughout the year, to restrict admissions, sometimes by refusing the cases and at other times by delaying the cases. By continuing the established method of limitation of admissions, the maternity department was able adequately to cope with its duties, although there were indications that in this department also the number of beds was likely to be insufficient to meet the demands of the public.

The increase in the bed accommodation, together with the cumulative effect of the rising pressure of work, revealed deficiencies in the numerical staffing of the medical, nursing and lay departments. Additional burdens were thrown on the staff who responded cheerfully and completely. The effectiveness of this response must not be allowed to obscure the menace of this situation, and it must be clearly recognised that there is a danger here that increasing demands on the staff may produce a lowering of standards of efficiency. Careful consideration was given during the year to the problem of the staffing of the nursing department and the establishment of a standard which would be fair to the patients and just to the staff. A scheme was drawn up for the purpose of remedying the most acute deficiencies, and this was agreed to in principle by the Council but its execution was deferred for financial reasons and the hospital was obliged to carry on to the end of the year without relief. The pressure of the winter increase in work, which coincided with an outbreak of influenza amongst the staff in November and December, taxed the resources of the hospital and the devotion of the staff to the full.

Throughout the year constant anxiety was experienced in the children's wards as a result of the incidence of infection. Chicken Pox was never absent, and outbreaks of diphtheria and dysentery necessitated the closure of the wards

and the suspension of admissions on certain occasions. 63 cases of dysentery occurred in the hospital during the year, mainly in the children's wards. The menace of dysentery and other infections underlined the difficulties in working the children's wards, of which the chief causal factors undoubtedly were inadequate staffing and overcrowding in improvised premises. The solution of these difficulties is inevitably bound up with the more general problems of the nursing staff establishment, and the available hospital accommodation. The utilisation of pavilions S.A.2 and S.A.3 of the Old People's Homes for patients made certain re-adjustments necessary. The firewatcher and stretcher-bearer sleeping accommodation was transferred to the north pavilion side of S.A.1, the churches to the north pavilion side of S.A.4, and the stores were further concentrated on certain top floor wards. The inconvenience and wastage of time and effort resulting from the temporary housing of the stores on top floor wards further emphasised the urgency for the provision of more suitable premises, but the suggested scheme to house the stores in huts still remained a subject for negotiation with the various interested parties throughout the whole year.

The record of operations performed in the operating theatres shows a further advance on the figures for the previous year and a new high peak in the history of the hospital. The expansion has largely been in the tonsils operations and gynaecological operations, but it is clear that the available theatre accommodation is being taxed to its full capacity. The provision of new theatre floors during the year was a great asset not only for the safety of the patients but also for the efficiency of the theatre unit, and the new floors were much appreciated by all members of the staff working in the theatres.

The increase in the work of the Out-patient Department has been striking and is a most encouraging index of the status of the hospital. The number of patients sent up for consultation and advice by the general practitioners indicates the standing of the hospital in the medical services of the community. Although this work is carried out in improvised premises and the restricted number of medical, nursing and clerical staff available imposes considerable limitations on the service offered, the out-patient consultations and attendances have continued to expand and have reached a new high record in the history of the hospital. A flourishing Out-patient Department is a most healthy and encouraging sign in the development of the hospital.

Medical Staff.

The medical staff meetings which had been inaugurated the previous year were continued throughout 1943 and met with an appreciative and encouraging response. In September, the members of medical staff of the Health Department were invited to attend and from that date they took an active part in the discussions. It was felt that the closer association of the Health Department and the hospital medical staffs resulting from these meetings was of great mutual benefit and pleasure.

Dr. Resnick passed the examination for the M.R.C.O.G. in February and Dr. Grimshaw in October was given leave of absence to study for the F.R.C.S.E. which he obtained early in January, 1944. To accomplish those achievements in addition to undertaking exacting and arduous duties in the hospital, merits

the highest praise, and both these gentlemen are to be congratulated on their successes which add lustre to the hospital as well as to themselves. Dr. Marin-kovitch left in March and his place as Visiting Dermatologist and Venereologist was taken by Dr. Gill. Dr. Addis resigned the post of Visiting Gynæcologist owing to ill-health and Dr. Rickards was appointed in his stead towards the end of the year.

Owing to the increasing volume of work in the maternity department, it was decided to regrade one of the Assistant Medical Officer posts as Assistant Resident Obstetrical Officer. By so doing, it was hoped to provide more experienced medical assistance for the Obstetrical Officer. There were frequent changes in the Junior Medical Staff to which attention was drawn in 1942 continued in an even more aggravated form. It was necessary at times to work short-handed owing to the demands of the Services and the shortage of locums. It was possible on occasion to obtain the assistance of a senior medical student for short periods and this was a real help. Permission was given to augment the Junior Medical Staff by a medical student at times of pressure, and despite the obvious limitations of such an arrangement, it did provide some measure of relief for the very harassed medical staff. It may even be necessary in the future to utilise such arrangements more extensively as any scheme to remedy deficiencies in the medical staffing cannot possibly be undertaken until after the war.

Nursing Staff.

Some of the nursing problems have already been referred to. Changes in the nursing staff continued throughout the year. Mrs. Broadbridge resigned the post of Matron and was succeeded in May by Miss Jenkins. Before she left, a presentation subscribed to by members of the staff of the hospital, past and present, and friends of the hospital, was made to Mrs. Broadbridge by the Mayor of Salford, Councillor Townsend, in recognition of her 25 years of devoted service to the hospital.

The results of the various examinations were most satisfactory and showed a complete reversal of the trend of the previous year. The sickness rate of the nursing staff continued to be very high throughout the year, and there was a substantial increase in the days lost through sickness. Several long-term cases of illness contributed largely to this increase, but there was also an increase in short-term and minor illnesses, as well as attendances at the sick nurses' clinic held daily. It is difficult to be certain as to the cause of this alarming increase in the sickness of the nursing staff, but it is hard to escape the conclusion that it is due in part, at least, to the pressure of over-work. Much was asked for in this direction, and received from the nursing staff during the year, but it was considered that there was a real danger of asking too much, for which the sickness rate might well be a warning signal. The routine X-ray of the chest of all newcomers to the nursing staff was extended so that the nursing staff could be X-rayed regularly every year.

Breast Feeding Clinic.

This clinic was commenced in August on Pavilion S.A.1 closely related to ante-natal department. 31 patients attended for treatment and advice on breast feeding problems during the year. Of these cases, 18 babies were fully breast

fed on the completion of the course of treatment, 12 babies were partly breast fed, and only 3 babies had to be completely artificially fed. These results are encouraging in view of the fact that all these were cases of special difficulty, which would have resulted in artificial feeding entirely in the normal run of events. After a rather sluggish beginning attendances at the clinic increased, but the maximum effect has not yet been reached. It is felt that if young mothers could attend for advice early, many of the later and intractable difficulties in breast feeding might be avoided. In spite of the fact that practically every mother leaving the hospital is breast feeding her child, too large a proportion of these mothers eventually adopt artificial feeding as a result of difficulties which arise subsequent to discharge from the hospital. The breast feeding clinic can help to cope with these difficulties by the dissemination of advice, encouragement and treatment.

Hope Hospital School.

After a lapse of several years, teaching was recommenced when Mrs. Spence took up duty as teacher in February. At that time there were 55 children of school age, spread over four wards, all requiring tuition—a manifestly impossible task for one teacher to undertake. It was resolved to concentrate chiefly on the long-term cases, and also to attempt to give some attention to the others. The centralisation of all the orthopædic children on Ward G.3 undoubtedly eased the situation. In addition to an average number of about 50 children of school age, there were a number of children between 2 and 5 years of age who would probably be attending a nursery or a nursery school, if they were at home. Towards the end of the year arrangements were in progress for the school to be taken over by the Education Department. The response of the children to the schooling has been most pleasing and there is no doubt that the school will prove a considerable stimulus in the recovery of the children's health and an enormous asset in the welfare of the child patients of the hospital.

Library.

A supply of 1,200 books was received from the Manchester and Salford Hospitals Library Service and the first issue of books to the patients was made on April 19th. This service was very kindly undertaken by Mrs. Spence, who, aided by a group of voluntary helpers, endeavoured to provide a weekly issue of books to the patients. The total number of books issued up to December 31st was 5,636. In June the library had to suspend its activities during Mrs. Spence's holidays, but later three helpers from the Women's Voluntary Services were forthcoming and have given most valuable assistance. One of these ladies has since resigned, and her place has been taken by another volunteer. The benefit to the patients of an effective and organised library service cannot be valued too highly, and the joy and pleasure conferred on the patients were real and substantial. Grateful thanks and appreciation for the provision of this service for the hospital are due to the Manchester and Salford Hospitals' Library Service and also to the ladies who give their time and energies to this most valuable project.

Destitute Children.

The problem of the care of destitute children became very acute during the year. The numbers of these cases increased progressively. Great difficulty was experienced in getting them suitably placed. These children had to be catered for in the children's wards which exposed them to the risks of infection. It was resolved to establish a special unit for these cases, consisting of 8 beds, entirely separate from the children's wards. It soon became apparent that this accommodation was quite inadequate, and these cases overflowed once again into the children's wards. The old difficulties and anxieties were once again prominent and active at the end of the year.

Ambulance Service.

An attempt was made during the year to remedy one of the most serious defects in the hospital ambulance service—the absence of a nurse to accompany the patient. As a result of the re-organisation, a nurse now goes out with every ambulance and accompanies the patient from the home to the hospital. The admission of the patient in the receiving ward is also supervised by a nurse, who later accompanies the patient to the ward where the ward nursing staff assume responsibility for him. The merits of this arrangement are very real, inasmuch as it ensures the supervision of the patient by a nurse from the moment the ambulance arrives at his home.

Flying Squad.

The flying squad for obstetrical emergencies continued to be used during the year and went out on six occasions to give blood transfusions and emergency treatment to desperately ill maternity patients in their own homes. The value of this life-saving service is very significant, and more particularly so if an experienced obstetrician is available to go out with the team and advise on the case. The difficulty at present lies in that the flying squad deprives the hospital of medical personnel who are on duty at the hospital and whose absence for several hours may be a source of embarrassment to the hospital. This difficulty can be easily overcome by the provision of adequate medical staff, which would permit of the freest and most complete use of this most valuable service. Blood transfusion has saved many lives in the hospital and if it were more freely available in the patients' own homes, it would undoubtedly produce similar results in sudden obstetrical emergencies.

In the limited space available for this brief survey, it is impossible to do justice to the regular, solid routine work of the hospital in its various departments. A glance at the statistics shows advances in every direction, but gives no indication of the quality of the work performed by the hospital. Let it suffice to say that the hospital worthily continued to discharge its responsibilities to the general public as far as it was permitted to do so, and that the standards reached were as high as ever attained in its history. To accomplish this in the fourth year of war, with all its attendant difficulties, and to continue to expand in the face of it all, is an achievement which reflects the greatest credit on all members of the staff, nursing, medical and lay. Without their untiring and devoted exertions, this could not have been made possible, and they can look back on the record of the hospital for 1943 with real and well-deserved pride and satisfaction.

SUMMARISED STATISTICS RELATING TO HOPE HOSPITAL, 1943.

	1940.	1941.	1942.	1943.
1. NUMBER OF PATIENTS TREATED.....	11,823	6,744	9,653	10,437
2. X-RAY DEPARTMENT—				
Number of patients treated.....	4,662	4,196	5,621	6,191
3. PHYSIOTHERAPY DEPARTMENT—				
Number of treatments :				
Massage	13,614	10,236	11,621	13,763
Electrotherapeutics.....	12,290	9,523	9,870	10,445
Totals.....	25,904	19,759	21,491	24,208
4. OUT-PATIENT DEPARTMENT—				
Number of dressings and treatments	16,065	9,064	9,578	12,621
Number of consultations	6,231	8,892	10,618	14,285
Totals.....	22,296	17,956	20,196	26,906
5. SURGICAL WARDS—				
Number of operations performed	2,421	2,337	3,372	3,792
Number of Out-patients (general) ..	...	3,117	3,998	4,094
Orthopædic Department :				
New admissions	326	290	272	320
Out-patient attendances	1,209	1,190	1,312	1,479
Ear, Nose and Throat Department :				
Patients	772	776	1,008	1,903
Operations	354	431	875	1,133
6. MEDICAL WARDS—				
Notification of infectious diseases....	...	407	304	322
Out-patient attendances	2,117	2,320	2,304	3,256
Electrocardiograms	375	343	487	526
7. MATERNITY DEPARTMENT—				
Deliveries	1,418	574	1,154	1,316
Ante-natal attendances	7,278	4,630	7,005	10,444
Post-natal attendances	533	222	525	702
Puerperal Pyrexia	74	30	34	51
Maternal deaths	8	12	14	11
8. GYNAECOLOGICAL DEPARTMENT—				
Out-patient attendances	1,158	820	1,156	1,485
Number of operations	472	338	409	791
9. V.D. WARDS—				
Number of cases treated	101	66	112	78
10. CHILDREN'S DISEASES CLINIC—				
Number of Attendances .....	...	43	265	384
11. PSYCHIATRIC CLINIC—				
Number of attendances	47	500	444	382
12. CANCER TREATMENT—				
Number of cases	47	46	50	73
13. PATHOLOGICAL INVESTIGATIONS	17,421	20,016	30,877	31,499

TABLE SHOWING THE WORK OF THE HOSPITAL SINCE 1914.

Year.	Admissions.	Births.	Discharges.	Deaths.	Average Daily No.	Operations.
1914	2,728	12	2,135	591	749	149
1915	1,632	4	1,393	491	514	160
1916	1,330	—	941	353	439	175
1917	1,263	3	1,058	335	407	145
1918	1,402	16	1,104	391	303	144
1919	1,559	7	1,056	348	339	107
1920	2,516	64	1,736	451	689	163
1921	3,335	227	2,899	617	858	532
1922	3,720	263	3,272	745	888	395
1923	4,463	250	3,749	815	870	430
1924	4,416	182	3,742	922	811	523
1925	5,315	293	4,292	1,015	868	802
1926	5,471	366	4,839	903	943	882
1927	5,801	409	5,125	1,003	943	960
1928	6,430	559	5,545	926	960	1,076
1929	7,477	674	6,936	1,141	918	1,403
1930	7,583	685	7,150	1,038	969	1,807
1931	7,963	812	7,762	1,093	919	2,004
1932	8,521	843	8,156	1,052	961	2,186
1933	8,031	615	7,572	1,084	940	2,201
1934	7,893	745	7,548	1,081	940	2,080
1935	8,371	782	8,079	1,020	912	2,152
1936	9,504	961	9,291	1,122	977	2,691
1937	10,156	1,086	10,012	1,241	1,021	3,035
1938	11,059	1,312	10,042	1,077	937	2,970
1939	8,939	1,285	9,043	1,108	867	2,518
1940	9,616	1,338	10,746	1,483	1,060	2,421
1941	6,155	574	5,098	911	444	2,337
1942	7,835	1,154	7,760	894	648	3,392
1943	8,489	1,316	8,797	927	707	3,792